



Department of Health – Executive Office on Aging

LEGAL AD DATE: March 17, 2010

REQUEST FOR PROPOSALS No. RFP-10-EOA-SC SEALED OFFERS FOR EVIDENCE-BASED PROGRAMS SUSTAINABILITY CONSULTANT STATE OF HAWAII DEPARTMENT OF HEALTH

WILL BE RECEIVED UP TO 12:00 P.M. (HST) ON

APRIL 16, 2010

IN THE DEPARTMENT OF HEALTH, EXECUTIVE OFFICE ON AGING 250 SOUTH HOTEL STREET SUITE 406 HONOLULU, HAWAII 96813. DIRECT QUESTIONS RELATING TO THIS SOLICITATION TO NOEMI PENDLETON, TELEPHONE (808) 586-0100, FACSIMILE (808) 586-0185 OR E-MAIL AT NOEMI.PENDLETON@doh.hawaii.gov.

Noemi Pendleton
Procurement Officer

Executive Office on Aging

Name of Company

RFP-10-EOA-SC

TABLE OF CONTENTS

	<u>Page</u>
SECTION ONE: INTRODUCTION AND KEY DATES.....	1
SECTION TWO: BACKGROUND AND SCOPE OF WORK	4
SECTION THREE: PROPOSAL FORMAT AND CONTENT.....	9
SECTION FOUR: EVALUATION CRITERIA AND CONTRACTOR SELECTION.....	13
SECTION FIVE: SPECIAL PROVISIONS.....	15
SECTION SIX: ATTACHMENTS AND EXHIBITS.....	29
• Attachment 1: OFFER FORM, OF-1	
• Attachment 2: OFFER FORM, OF-2	
• Attachment 3: OFFEROR REGISTRATION FORM, OF-3	
• Attachment 4: CERTIFICATE OF COMPLIANCE FOR FINAL PAYMENT	
• Exhibit A: ON CREATING A LEGACY: HEALTHY AGING PROJECT; A STRATEGIC PLAN FOR ACHIEVING OUTCOMES	
• Exhibit B: NATIONAL COUNCIL ON AGING SUSTAINABILITY SYSTEMS GRANT PROPOSAL AND WORK PLAN	

SECTION ONE
INTRODUCTION AND KEY DATES

1.01 TERMS AND ACRONYMS USED THROUGHOUT THE SOLICITATION

AoA: U.S. Administration on Aging

Aging Network: The Network of state agencies, area agencies on aging, Title VI grantees, the Administration on Aging, and providers of direct services to older adults.

AAA: Area Agency on Aging: An area agency on aging is designated by the State Unit on Aging under the authority of the Older Americans Act of 1965 as amended, Section 305(a)(2)(A). The AAA shall be the leader relative to all aging issues on behalf of older persons in its designated planning and service area.

BAFO: Best and Final Offer

CDSMP: Stanford University's Chronic Disease Self-Management Program

CPO: Chief Procurement Officer

DAGS: Department of Accounting and General Services

DOH: Department of Health

EBP: Evidence-Based Programs

EF: EnhanceFitness

EOA: Executive Office on Aging, No. 1 Capitol District, 250 South Hotel Street, Room 406, Honolulu, HI 96813-2831; the State Unit on Aging for Hawaii

GC: General Conditions issued by the Department of the Attorney General

GET: General Excise Tax

HAP: Healthy Aging Partnership

HAPEE: Healthy Aging Partnership – Empowering Elders

HAR: Hawaii Administrative Rules

HRS: Hawaii Revised Statutes

HST: Hawaii Standard Time

NCOA: National Council on Aging

Offeror: Any individual, partnership, firm, corporation, joint venture, or representative or agent, submitting an offer in response to this solicitation.

Procurement Officer: The contracting officer for the State of Hawaii, Department of Health, Executive Office on Aging.

RFP: Request for Proposals

SC: Sustainability Consultant

State: State of Hawaii, including each department and political subdivisions.

SUA: State Unit on Aging. The Executive Office on Aging is the designated State Unit on Aging for Hawaii. The SUA functions as the leader relative to all aging issues statewide.

1.02 INTRODUCTION

The Hawaii Department of Health, Executive Office on Aging (EOA) desires to select a qualified and highly skilled sustainability consultant (SC) responsible to achieve marketing, embedment and sustainability of evidence-based programs, including CDSMP and EF, in all major population centers in all counties in Hawai'i (Honolulu, Maui, Hawai'i, and Kaua'i). Expected activities include developing a business plan for sustainability based on the goals and objectives of the Healthy Aging Partnership documented in "On Creating a Legacy: Health Aging Project – A Strategic Plan On Achieving Outcomes (2005-2009) [Exhibit A]. The business plan shall include marketing evidence-based health programs, garnering media attention, identifying funding opportunities, educating policy-makers, and promoting the cost-benefit of CDSMP and EF to insurers, organizations and companies. The SC will facilitate under the guidance of EOA to lead the Healthy Aging Partnership to develop a work plan for continued EBP sustainability by building the relationships, consensus and groundwork necessary to develop and implement a business plan across networks and agencies, thus sustaining evidence-based programs throughout the state.

1.03 CANCELLATION

The RFP may be cancelled and any or all proposals rejected in whole or in part, without liability, when it is determined to be in the best interest of the State.

1.04 RFP SCHEDULE AND SIGNIFICANT DATES

The schedule set out herein represents the State's best estimate of the schedule that will be followed. All times indicated are Hawaii Standard Time (HST). If a component of this schedule, such as "Proposal Due" date is delayed, the rest of the schedule will likely be shifted by the same number of days. The approximate schedule is on the following page:

Advertising of Request for Proposals	Wednesday, March 17, 2010
Deadline to Submit Written Questions	April 1, 2010
State's Response to Written Questions	April 6, 2010
Deadline to Register for RFP	April 9, 2010 by 12 Noon HST
Proposals Due and Opened	Friday, April 16, 2010 by 12 Noon HST
Proposal Evaluations	Monday, April 19, 2010 – Friday, April 23, 2010
Discussion with Priority Listed Offerors	Monday, April 26, 2010
Best and Final Offer	May 3, 2010 12:00 Noon HST
Estimated Contract Award	May 5, 2010
Estimated Contract Start Date	Monday, May 24, 2010

1.05 AUTHORITY

This RFP is issued pursuant to the provisions of the Hawaii State Procurement Code (HRS Chapter 103D) and the State Procurement Office's applicable Directive, Circulars, and administrative rules. All prospective Offerors are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed offer by any Offeror shall constitute admission of such knowledge on the part of the Offeror.

Any agreement arising out of this RFP is subject to the approval of the State Department of the Attorney General, as to form, and to all further approvals as required by statute, administrative rule, order or other directive.

SECTION TWO

BACKGROUND AND SCOPE OF WORK

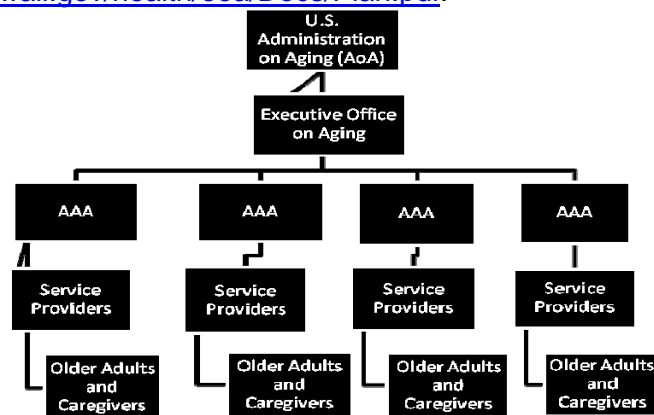
2.01 PROJECT OVERVIEW AND HISTORY

A. MISSION OF THE EXECUTIVE OFFICE ON AGING AND THE SERVICE NETWORK

The Executive Office on Aging (EOA) is Hawaii's State Unit on Aging serving as the leader relative to aging issues throughout the State, as identified in the federal Older Americans Act of 1965, as amended, and in HRS 349. EOA is responsible for carrying out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, communities throughout the State. These systems are designed to assist older adults in leading independent, meaningful, and dignified lives in their own homes and communities for as long as possible.

In turn, the Area Agencies on Aging (AAAs) serve as the leaders relative to issues in designated planning and service areas. In the State of Hawaii, these AAAs operate in the four county governments, namely: the County of Kauai, Agency on Elderly Affairs; the City and County of Honolulu, Elderly Affairs Division; the County of Maui, Maui County Office on Aging; and the County of Hawaii, Hawaii County Office of Aging.

Federal Older Americans Act (OAA) and discretionary funds, as well as state funds, for home and community based services (HCBS) flow from the EOA to the AAA. The AAA ensures that it subcontracts with qualified service providers in its community to address the needs of older adults for supportive services, congregate and home delivered meals, in-home services, elder abuse services, family caregiver services, and health maintenance services, in accordance with the Hawaii State Plan on Aging. The Plan can be accessed at <http://hawaii.gov/health/eoa/Docs/Plan.pdf>.



Medicaid funds, another public source of support to qualified individuals for HCBS, flow through the State Department of Human Services.

B. HISTORY OF THE HEALTHY AGING PARTNERSHIP

The Healthy Aging Partnership (HAP) was established in 2003 to improve older adults' health by building Aging Network capacity to implement evidence-based (EB) prevention

programs in Hawai'i's multi-ethnic environment. Members include Hawai'i's Executive Office on Aging (EOA), Department of Health (DOH), all 4 county-based Area Agencies on Aging (AAA), and numerous other Aging Network service and health providers and research partners on each island. Between 2003 and 2006, HAP trained 40 Aging Network partners in EB programming and supported pilots in 3 counties.

In 2006, HAP won an "Empowering Older Adults" grant from the U.S. Administration on Aging (AoA). The funding allowed HAP to begin the Healthy Aging Project – Empowering Elders (HAPEE) which began work on embedding CDSMP and EnhanceFitness (EF) in the state's Aging Network. During the first two years of the grant, HAPEE offered CDSMP in 2 of 4 counties (50%) counties. To maintain program fidelity, all CDSMP providers must be trained by Stanford University-certified trainers. Statewide to date, HAP has trained T-Trainers, Master Trainers, and Lay Leaders. Seventy-one workshops have been held by 62 trainers/leaders at more than 50 implementation sites. CDSMP has been implemented in all four of Hawai'i's counties with fidelity.

C. GOALS AND OBJECTIVES of NCOA SUSTAINABILITY SYSTEMS GRANT

In May 2008, the National Council on Aging (NCOA) awarded the EOA \$300,000.00 under the Sustainable Systems Grant to expand and work with partners to embed evidence-based programs, including CDSMP, in existing social and healthcare networks and sustain these programs throughout the state of Hawaii.

Offerors are advised to read and refer to the grant proposal narrative attached as Exhibits B to access the vision, goals and objectives for sustainability of CDSMP and other evidence-based programs in Hawaii.

2.02 SCOPE OF WORK

The EBP Sustainability Consultant shall actively work with EOA as the lead agency, Hawaii's core Healthy Aging Partners, stakeholders, healthcare providers, and work groups to facilitate the vision for embedded and sustainable evidence-based programs that effectively promote healthy aging with individuals living in the community for as long as possible, and maintaining their health and well-being.

The SC shall facilitate the: 1) coordination of the overall goals and objectives of the NCOA Sustainability grant; 2) development and implementation of a business work plan for the sustainability of EBP, and 3) marketing CDSMP and EF.

The purpose of this Request for Proposals is to select a qualified and highly skilled individual or organization to provide consultation services to develop and implement the business work plan for sustainability of evidence-based programs to include CDSMP and EF. The SC will be responsible for marketing, embedding and sustaining evidence-based programs in all major population centers in all counties in Hawai'i (Honolulu, Maui, Hawaii, and Kauai). Expected activities include developing a business plan, marketing evidence-based health programs, garnering media attention, identifying funding opportunities, educating policy-makers, and promoting the cost-benefit of CDSMP and EF to insurers, organizations and companies.

The successful Offeror shall meet the requirements outlined in the RFP and will be expected to successfully meet all the service deliverables within the time of performance.

A. DELIVERABLES

The selected Offeror shall facilitate the collaborative processes necessary to:

1. Develop and implement a business plan to embed, sustain and market evidence-based programs such as CDSMP and EF in all counties.
 - i. Work with key stakeholders to develop the business plan and timeline.
 - ii. Submit to EOA a proposed business plan with timeline by September 1, 2010.
 - iii. Revise the plan as needed, based on EOA approval and guidance.
 - iv. Implement all tasks of the EOA-approved plan by the end of the contract period of performance July 31, 2011.
 - v. By the end of the contract period of performance July 31, 2011, and working with key stakeholders, develop a 3-year sustainability plan for continued operation of evidence-based programs.
2. Facilitate support and funding for evidence-based programs through effective marketing and outreach.
3. Market and advocate for Healthy Aging and evidence-based programs such as CDSMP and EF through public speaking, verbal and written communication.
4. Ensure stakeholders in government, non-profits, and private organizations are included in planning and sustainability efforts.
5. Meet with Healthy Aging Partners in each county no less than two (2) times within this contract period to provide technical advice and support in the development and implementation of the statewide business plan for sustainability tailored to each county's needs and demography.

B. OFFEROR'S MINIMUM QUALIFICATIONS

The Offeror must possess the following minimum qualifications and be able to demonstrate clearly and concisely these skills throughout its application.

1. Organizational capabilities to develop and implement a business work plan for sustainability that includes participation of Healthy Aging Partners.
2. Ability to convene, expand and formalize linkage with key stakeholders and engage them in development and implementation of the business plan and EBP operations.
3. Application and use of knowledge and skills to design, plan, organize, facilitate, market, coordinate, conduct, manage, and evaluate business plans and projects.

4. Excellent writing skills. Able to develop written plans, reports, protocols, and procedures that are clear, descriptive, and useful.
5. Good verbal communication. Able to communicate with various groups and people with varying skill sets. Responsible to articulate thoughts into a clear and concise message.
6. Experience with oversight of budgets, ensuring that costs are allocated and expended to budgeted line items, in compliance with state and federal cost principles.
7. Ability to work independently while maximizing communication with EOA, the awardee of the NCOA grant. Able to take a team approach to working on the plans and timelines with EOA and its Healthy Aging partners.

C. ADDITIONAL QUALIFICATIONS

1. Understanding of local, state, and federal government systems; private and public, local and national healthcare and reimbursement systems.
2. Knowledge of evidence-based programs such as CDSMP either through direct experience delivering programs and services or through advocacy or policy development as it relates to healthy aging and health prevention programs.
 - a. Understanding of the array of evidence-based programs in Hawaii.
 - b. Knowledge of the Aging and Disability Resource Center model.
 - c. Experience in interpreting data for planning and evaluation of programs related to EBP.
3. Understanding of the Aging Network, Hawaii issues and cultures as they affect program delivery, marketing and funding strategies.
4. Analytical ability to review data, to implement and evaluate plans and programs on an ongoing basis.

2.03 HAWAII DEPARTMENT OF HEALTH, EXECUTIVE OFFICE ON AGING RESPONSIBILITIES

The role of EOA is to promote policy changes and implement programming on a statewide basis that will promote healthy aging.

- A. EOA will lead and make all necessary decisions regarding program development and policy.
- B. The EOA staff will participate and work closely with the overall project and the Offeror. EOA lead person will have an integral role in meetings, technical assistance calls with grant funders, and visioning of the project.

- C. EOA has a desk, chair and telephone which may be used by the Offeror as a work station when on site at the EOA offices at 250 South Hotel Street, Suite 406, Honolulu, Hawaii 96813.
- D. EOA will provide in-kind support for document copying as needed.

2.04 TERM OF CONTRACT

The contract shall be for a period of 14 months beginning approximately on Monday, May 24, 2010 and ending July 31, 2011. Unless terminated, the Contractor and the State may extend the term of the contract for an additional period of up to twelve months or portions thereof without the necessity of re-bidding, upon mutual agreement in writing at least sixty (60) days prior to the expiration of the contract. The contract price paid to the Contractor for the extended period shall remain the same or be renegotiated for a lesser rate.

When interests of the State or the Contractor so require, the State or the Contractor may terminate the contract for convenience by providing six (6) weeks prior written notice to the contracted parties.

SECTION THREE

PROPOSAL FORMAT AND CONTENT

3.01 INTRODUCTION

One of the objectives of this RFP is to make proposals preparation easy and efficient, while giving Offerors ample opportunity to highlight their proposals. The evaluation process must also be manageable and effective. When an Offeror submits a proposal, it shall be considered a complete plan for accomplishing the tasks described in this RFP and any supplemental tasks the Offeror has identified as necessary to successfully complete the obligations outlined in this RFP.

The proposal shall describe in detail the Offeror's ability and availability of services to meet the goals and objectives of this RFP as stated in **Section 2.02 SCOPE OF WORK**.

A. General Instructions for completing and submitting proposals:

1. Proposals must be double spaced on 8 ½" X 11" paper with 1" margins and a font size of not less than 12.
2. Proposal shall have a table of contents.
3. The proposal shall have consecutive page numbering beginning with page 1.
4. The proposal shall be compiled in sections following the exact format using all titles, subtitles, and numbering. Do not insert tabs or other pages that extend beyond the 8 ½ X 11" page.
5. Offeror shall submit one (1) original proposal marked "ORIGINAL" and two (2) **copies** of the original marked "COPY". It is imperative to note that the Offeror submit only one original and the required number of copies. DO NOT SUBMIT MORE THAN ONE ORIGINAL.

B. The Proposal shall be compiled in the following order:

1. Section 1: Transmittal Letter and information of any subcontractors to be included here. See Section Six, Attachment 1, Offer Form OF-1.
2. Section 2: Experience and Capabilities
3. Section 3: Proposal, Strategy and Projected Timetable
4. Section 4: Pricing See Section Six, Attachment 2, Offer Form OF-2.
5. Section 5: Exceptions
6. Section 6: Attachments

3.02 SECTION 1: TRANSMITTAL LETTER AND INFORMATION

Include a transmittal letter to confirm that the Offeror shall comply with the requirements, provisions, terms, and conditions specified in this RFP. See Section Six, Attachment 1, Offer Form OF-1.

- A. Include signed Offer Form OF-1 with the complete name and address of Offeror's firm and the name, mailing address, telephone number, and fax number of the person the State should contact regarding the Offeror's proposal.

If subcontractor(s) will be used, append a statement to the transmittal letter from each subcontractor, signed by an individual authorized to legally bind the subcontractor and stating the general scope of work to be performed by the subcontractor.

3.03 SECTION 2: EXPERIENCE AND CAPABILITIES

In this section, describe in detail the Offeror's experiences and capabilities necessary to respond to this RFP, including:

- A. Experience successfully developing and implementing a business plan and timeline for marketing a program or project. Explain the overall goals and objectives of that project. Explain how the business plan and project was designed, planned, organized, coordinated, managed, and evaluated. Describe how you organized and lead task groups in addressing and implementing work plans/business plans for marketing.
- B. Successfully leading various stakeholders in the development of a sustainability business plan. Describe the strategies and methods employed to produce successful relationships with various groups, ensuring that each group's interests are well represented, and that the business plan was successfully implemented.
- C. Understanding of local, state, and federal government systems; private and public, local and national healthcare and reimbursement systems.
- D. Knowledge of:
 - i. Evidence-based programs such as CDSMP either through direct experience delivering programs and services or through advocacy or policy development as it relates to healthy aging and health prevention programs.
 - ii. Understanding of the array of evidence-based programs in Hawaii.
 - iii. Knowledge of the Aging and Disability Resource Center model.
 - iv. Experience in interpreting data for planning and evaluation of programs related to EBP.
 - v. Understanding of the Aging Network, Hawaii issues and cultures as they affect program delivery, marketing and funding strategies.

- vi. Analytical ability to review data, to implement and evaluate plans and programs on an ongoing basis.

Items 'E' – 'H' listed below shall be included in the attachments. Please indicate in this section where the attachment(s) may be found. For example, Item E. Writing Sample (see Attachment A)

- E. Writing samples: Provide two writing samples. First, provide a sample of a project's business plan similar to what is described in this RFP – such as the marketing and 3-year sustainability plan. Second, provide a sample of a progress report from a similar project. (Note: please include these samples as attachments in the proposal).
- F. Include a list of key personnel and associated resumes for those who will be dedicated to this project.
- G. Offeror shall include a list of at least three (3) references from the Offeror's client listing that may be contacted by the State as to the Offeror's past and current job performance. Offeror shall provide names, titles, organizations, telephone numbers, email and postal addresses.
- H. Provide a summary listing of judgments or pending lawsuits or actions against; adverse contract actions, including termination(s), suspension, imposition of penalties, or other actions relating to failure to perform or deficiencies in fulfilling contractual obligations against your firm. If none, so state.

3.04 SECTION 3: PROPOSAL, STRATEGY AND PROJECTED TIMETABLE

Offeror shall submit a proposal that includes overall strategy, work plan and projected timetable.

- A. Describe the strategy to be used to implement the deliverables of this RFP.
- B. Create an Offeror's work plan to describe in detail how the Offeror's tasks to produce the deliverables will be carried out. Develop a timeline describing the sub-tasks necessary to achieve the tasks in the workplan.
- C. Describe the skills and methods the Offeror will use to facilitate collaborative work on this project among a wide variety of stakeholders in different locations across the state (across islands).
- D. Explain how Offeror shall facilitate the coordination of the overall goals and objectives of EOA's National Council on Aging grant proposal along side with "On Creating a Legacy: Healthy Aging Project A Strategic Plan on Achieving Outcomes (amended 2009)" (see attached).
- E. Address barriers to the Offeror's proposed strategy and timeline, and discuss what measures you would implement to mitigate these challenges.

3.05 SECTION 4: PRICING

Refer to Section Six, Attachment 2, for Offer Form OF-2.

3.06 SECTION 5: EXCEPTIONS

Offeror shall list any exceptions taken to the terms, conditions, specifications, or other requirements listed herein. Offeror shall reference the RFP section where exception is taken, a description of the exception taken, and the proposed alternative, if any.

3.07 SECTION 6: ATTACHMENTS

All attachments will be included at the end of the proposal and shall be clearly marked.

SECTION FOUR

EVALUATION CRITERIA AND CONTRACTOR SELECTION

Evaluation criteria and the associated points are listed below. The award will be made to the responsible Offeror whose proposal is determined to be the most advantageous to the State based on the evaluation criteria listed in this section.

The total number of points used to score this proposal is 100.

4.01 EXPERIENCE AND CAPABILITIES: This section is based on Offeror's abilities to illustrate their previous experiences, capability and proficiency in facilitating systems change. **(Total Weight: 50 points)**

- A. Does the Offeror clearly describe past experience successfully developing and implementing a business plan and timeline for marketing a program/project? Does the Offeror adequately describe the overall goals and objectives of the project? Does the Offeror articulate how he/she designed, planned, organized, facilitated, coordinated, managed, marketed, and evaluated the program/project? **(10 points)**
- B. How well does the Offeror demonstrate skills in dealing with challenges in the development of a project and how these challenges were overcome? **(10 points)**
- C. How skillful is the Offeror at using and analyzing data to produce successful project outcomes, as evidenced by the proposal, experience, and writing samples? **(10 points)**
- D. Does the Offeror's proposal indicate:
 - 1. Understanding of the local and statewide components and systems including evidence-based programs, either through direct experience delivering programs and services or through advocacy or policy development as it relates to healthy aging and health prevention programs. **(2 points)**
 - 2. Understanding of the array of evidence-based programs in Hawaii. **(2 points)**
 - 3. Knowledge of the Aging and Disability Resource Center model. **(2 points)**
 - 4. Experience in interpreting data for planning and evaluation of programs related to EBP. **(2 points)**
 - 5. Understanding of the Aging Network, Hawaii issues and cultures as they affect program delivery, marketing and funding strategies. **(2 points)**
- E. Does the Offeror provide two writing samples such as a written plan and a progress report? Are the writing samples comprehensive so that the reader understands what is being planned and reported? Are the writing samples clear, utilizing good grammars, punctuation, style and format? **(10 points)**

4.02 PROPOSAL, STRATEGY AND PROJECTED TIMETABLE (Total Weight 40 points)

- A. Does the Offeror demonstrate detailed strategies for developing and implementing a business work plan for sustainability in the Scope of Work? Is the approach and methodology understandable, reasonable and feasible? **(15 points)**
- B. Does the Offeror describe and demonstrate how it will facilitate the coordination of the overall goals and objectives of the National Council on Aging Grant? Do the activities lead to facilitation and collaboration? Does Offeror adequately explain how these goals and objectives shall be met and how it will lead to the marketing, embedment, and sustainability of CDSMP and EF? **(15 points)**
- C. Does the Offeror provide a timeline that is reasonable, attainable, and meet the required goals and objectives? Are the roles of the consultant, coordinator, evaluator, program staff and stakeholders clearly explained? Do the methods to be used to facilitate collaborative work on this project among a wide variety of stakeholders in different locations across the state (across islands) seem reasonable and feasible. **(10 points)**

4.03 COST OF SERVICES (TOTAL 10 POINTS)

Does the Offeror provide a completed Offer Form OF-2? Are the costs reasonable? Does the Offeror provide a budget justification that defines the expenses for this project?

SECTION FIVE

SPECIAL PROVISIONS

5.01 SCOPE

All consultation services provided on behalf of the Executive Office on Aging shall be in accordance with this RFP, including the special provisions in this section, the Scope of Work specified herein, and the General Conditions (GC), included by reference and available at the Executive Office on Aging, 250 South Hotel Street, Suite 406 Honolulu, Hawaii 96813 or via e-mail to Noemi.Pendleton@doh.hawaii.gov.

5.02 RESPONSIBILITY OF OFFERORS

Offeror is advised that if awarded a contract under this solicitation, Offeror shall, upon award of the contract, furnish proof of compliance with the requirements of §103D-310(c), HRS:

- A. Chapter 237, tax clearance;
- B. Chapter 383, unemployment insurance;
- C. Chapter 386, workers' compensation;
- D. Chapter 392, temporary disability insurance;
- E. Chapter 393, prepaid health care; and
- F. Chapter 103D-310(c), Certificate of Good Standing (COGS) for entities doing business in the State.

Refer to the Award of Contract provision herein for instructions on furnishing the documents that are acceptable to the State as proof of compliance with the above-mentioned requirements.

5.03 OFFEROR QUALIFICATIONS

Offeror shall meet all of the qualifications required by this RFP. Failure to meet the qualifications as specified in Section 3.03, Experience and Capabilities, will likely have an adverse affect on Offeror's proposal evaluation.

5.04 TERM OF CONTRACT

Successful Offeror shall be required to enter into a formal written contract to commence work on this project.

The initial term of the contract shall be for a 16 month period starting on the official commencement date of the Notice to Proceed. The contract may be extended for up to twelve months or any portion thereof, if mutually agreed upon in writing prior to contract expiration. The Contractor or State may terminate the extended contract period at any time upon six (6) weeks prior written notice.

5.05 CONTRACT ADMINISTRATOR

For the purposes of this contract, John Grant, Grants Manager, (808) 586-0100, or authorized representative, is designated the Contract Administrator.

5.06 OVERVIEW OF THE RFP PROCESS

- A. The RFP is issued pursuant to Subchapter 6 of HAR Chapter 3-122, implementing HRS Section 103D-303.
- B. The procurement process begins with the issuance of the RFP and the formal response to any written questions or inquiries regarding the RFP. Changes to the RFP will be made only by Addendum.
- C. Proposals shall not be opened publicly, but shall be opened in the presence of two (2) or more procurement officials. The register of proposals and Offerors' proposals shall be open to public inspection after posting of the award.

All proposals and other material submitted by Offerors become the property of the State and may be returned only at the State's option.

- D. The Procurement Officer, or an evaluation committee selected by the Procurement Officer, shall evaluate the proposals in accordance with the evaluation criteria in Section Four. The proposals shall be classified initially as acceptable, potentially acceptable, or unacceptable.
- E. Proposals may be accepted on evaluation without discussion. However, if deemed necessary, prior to entering into discussions, a "priority list" of responsible Offerors submitting acceptable and potentially acceptable proposals shall be generated. The priority list may be limited to a minimum of three responsible Offerors who submitted the highest-ranked proposals. The objective of these discussions is to clarify issues regarding the Offeror's proposal before the BAFO is tendered.
- F. If during discussions there is a need for any substantial clarification or change in the RFP, the RFP shall be amended by an addendum to incorporate such clarification or change. Addenda to the RFP shall be distributed only to priority listed Offerors who submit acceptable or potentially acceptable proposals.
- G. Following any discussions, Priority Listed Offerors will be invited to submit their BAFO, if required. The Procurement Officer or an evaluation committee reserves the right to have additional rounds of discussions with the top three (3) Priority Listed Offerors prior to the submission of the BAFO.
- H. The date and time for Offerors to submit their BAFO, if any, is indicated in Section 1.04, RFP Schedule and Significant Dates. If Offeror does not submit a notice of withdrawal or a BAFO, the Offeror's immediate previous offer shall be construed as its BAFO.
- I. After receipt and evaluation of the BAFOs in accordance with the evaluation criteria in Section Four, the Procurement Officer or an evaluation committee will

make its recommendation. The Procurement Officer will award the contract to the Offeror whose proposal is determined to be the most advantageous to the State taking into consideration price and the evaluation factors set forth in Section Four.

- J. The contents of any proposal shall not be disclosed during the review, evaluation, discussion, or negotiation process. Once award notice is posted, all proposals, successful and unsuccessful, become available for public inspection. Those sections that the Offeror and the State agree are confidential and/or proprietary should be identified by the Offerors and shall be excluded from access.
- K. The Procurement Officer or an evaluation committee reserves the right to determine what is in the best interest of the State for purposes of reviewing and evaluating proposals submitted in response to the RFP. The Procurement Officer or an evaluation committee will conduct a comprehensive, fair and impartial evaluation of proposals received in response to the RFP.
- L. The RFP, any addenda issued, and the successful Offeror's proposal shall become a part of the contract. All proposals shall become the property of the State of Hawaii.

5.07 CONFIDENTIAL INFORMATION

If a person believes that any portion of a proposal, offer, specification, protest, or correspondence contains information that should be withheld as confidential, then the Procurement Officer named on the cover of this RFP should be so advised in writing and provided with justification to support confidentiality claim. Price is not considered confidential and will not be withheld.

An Offeror shall request in writing nondisclosure of designated trade secrets or other proprietary data considered confidential. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal.

Pursuant to HAR Section 3-122-58, the head of the purchasing agency or designee shall consult with the Attorney General and make a written determination in accordance with HRS Chapter 92F. If the request for confidentiality is denied, such information shall be disclosed as public information, unless the person appeals the denial to the Office of Information Practices in accordance with HRS Section 92F-42(12).

5.08 REQUIRED REVIEW

Offeror shall carefully review this solicitation for defects and questionable or objectionable matter. Comments concerning defects and questionable or objectionable matter **must be made in writing and should be received by the Department of Health, Executive Office on Aging prior to the deadline for written questions as stated in the RFP Schedule and Significant Dates, page 3.** This will allow issuance of any necessary corrections and/or amendments to the RFP. It will help prevent the

opening of a defective solicitation and exposure of Offeror's proposal upon which award could not be made. Any exceptions taken to the terms, conditions, specifications, or other requirements listed herein, must be listed in the *Exceptions* section of the Offeror's proposal, if the exception is unresolved by the Proposal Due date.

5.09 QUESTIONS PRIOR TO OPENING OF PROPOSALS

All questions must be submitted in writing and directed to the Department of Health, Executive Office on Aging, Noemi Pendleton Procurement Officer, 250 South Hotel Street, Suite 406, Honolulu, Hawaii 96813, (808) 586-0100, (808) 586-0185 (fax) or via e-mail to Noemi.Pendleton@doh.hawaii.gov. The State will respond to written questions by the date indicated in Section One, 1.04 RFP Schedule and Significant Dates, or as amended.

5.10 CANCELLATION OF RFP AND PROPOSAL REJECTION

The State reserves the right to cancel this RFP and to reject any and all proposals in whole or in part when it is determined to be in the best interest of the State, pursuant to HAR Section 3-122-96 through 3-122-97.

5.11 OFFER ACCEPTANCE PERIOD

The State's acceptance of offer, if any, will be made within sixty (60) calendar days after the opening of proposals. Prices or commissions quotes by the Offeror shall remain firm for a sixty (60) day period.

5.12 PROPOSAL AS PART OF THE CONTRACT

This RFP and all or part of the successful proposal may be incorporated into the contract.

5.13 CONTRACT MODIFICATIONS - UNANTICIPATED AMENDMENTS

During the course of this contract, the Contractor may be required to perform additional work that will be within the general scope of the initial contract. When additional work is required, the Contract Administrator will provide the Contractor a written description of the additional work and request the Contractor to submit a firm time schedule for accomplishing the additional work and a firm price for the additional work.

Changes to the contract may be modified only by executing a supplemental contract signed by the Department of Health Executive Office on Aging and Contractor personnel authorized to sign contracts on behalf of the Contractor.

The Contractor will not commence additional work until a signed supplemental contract has been issued.

5.14 PROTEST

Pursuant to HRS §103D-701, an actual or prospective Offeror who is aggrieved in connection with this solicitation or award of a contract may submit a protest.

A protest shall be submitted in writing within five (5) working days after the aggrieved person knows or should have known of the facts giving rise thereto; provided that a protest based upon the content of the solicitation shall be submitted in writing prior to the date set for receipt of offers. Further provided that a protest of an award or proposed award shall be submitted within five (5) working days after the posting of award of the contract.

The notice of award, if any, resulting from this solicitation shall be posted on the Procurement Reporting System, which is available on the SPO website: <http://www.hawaii.gov/spo2/source/>.

Any protest pursuant to §103D-701, HRS, and Section 3-126-3, HAR, shall be submitted in writing to the Procurement Officer, Noemi Pendleton, Executive Office on Aging 250 South Hotel Street Suite 406 Honolulu, Hawaii 96813.

5.15 DOWNLOADED SOLICITATION

Offeror is advised that if interested in responding to this solicitation, Offeror may choose to submit its offer on a downloaded document from the Internet **provided** Offeror registers its company by fax or e-mail for this specific solicitation. If Offeror does not register its company, Offeror will not receive addenda, if any, and its offer may be rejected and not considered for award.

5.16 GOVERNING LAW: COST OF LITIGATION

The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties to this contract, shall be governed by the laws of the State of Hawaii. Any action at law or equity to enforce or interpret the provisions of this contract shall be brought in a state court or competent jurisdiction in Honolulu, Hawaii.

In case the State shall, without any fault on its part, be made a part to any litigation commenced by or against the Contractor in connection with this contract, the Contractor, shall pay all costs and expenses incurred by or imposed on the State, including attorneys' fees.

5.17 SUBMISSION OF PROPOSAL

The submission of a proposal shall constitute an incontrovertible representation by the Offeror of compliance with every requirement of the RFP, and that the RFP documents are sufficient in scope and detail to indicate and convey reasonable understanding of all terms and conditions of performance of the work.

Before submitting a proposal, each Offeror must:

- A. Examine the solicitation documents thoroughly. Solicitation documents include this RFP, any attachments, plans referred to herein, and any other relevant documents;
- B. Become familiar with State, local, and federal laws, statutes, ordinances, rules, and regulations that may in any manner affect cost, progress, or performance of the work.

5.18 PROPOSAL PREPARATION

- A. **OFFER FORM, page OF-1.** See Attachment 1. Proposals shall be submitted using Offeror's exact legal name as registered with the Department of Commerce and Consumer Affairs, if applicable; and to indicate exact legal name in the appropriate spaces on Offer Form page OF-1. Failure to do so may delay proper execution of the contract.

The authorized signature on the first page of the Offer Form shall be an original signature in ink. If unsigned or the affixed signature is a facsimile or a photocopy, the offer shall be automatically rejected unless accompanied by other material, containing an original signature, indicating the Offeror's intent to be bound.

- B. **Offer Guaranty.** An offer guaranty is NOT required for this RFP.
- C. **Tax Liability.** Work to be performed under this solicitation is a business activity taxable under HRS Chapter 237, and if applicable, taxable under HRS Chapter 238. Vendors are advised that they are liable for the Hawaii GET at the current 4% rate and the applicable use tax at the current 1/2% rate. If, however, an Offeror is a person exempt by the HRS from paying the GET and therefore not liable for the taxes on this solicitation, Offeror shall state its tax exempt status and cite the HRS chapter or section allowing the exemption.
- D. **Taxpayer Preference.** For evaluation purposes, pursuant to HRS §103D-1008, the Offeror's tax-exempt price offer submitted in response to an RFP shall be increased by the applicable retail rate of general excise tax and the applicable use tax. Under no circumstance shall the dollar amount of the award include the aforementioned adjustment.
- E. **Original Proposal and Copies to be Submitted.** Offeror shall submit one (1) original proposal marked "ORIGINAL" and two (2) **copies** of the original marked "COPY". It is imperative to note that the Offeror submit only one original and the required number of copies. DO NOT SUBMIT MORE THAN ONE ORIGINAL.
- F. Offeror must submit typewritten offers. No handwritten Offers will be accepted. Offeror is cautioned that illegible offers of any item(s) may be automatically rejected to avoid any errors in interpretation by the reviewers during the evaluation process.
- G. Costs for developing the Proposal are solely the responsibility of the Offeror, whether or not any award results from this solicitation. The State of Hawaii will not reimburse such costs.
- H. All proposals become the property of the State of Hawaii.
- I. Copies of documents transmitted by Offerors via facsimile machines shall be limited to the modifications or withdrawal of an offer pursuant to HAR Sections 3-122-108 and 3-122-28, respectively.

5.19 SUBMISSION OF PROPOSAL

Offers shall be received at the Department of Health, Executive Office on Aging 250 South Hotel Street Suite 406 Honolulu, Hawaii 96813, no later than the date and time stated in Section 1.04, Significant Dates. Timely receipt of offers shall be evidenced by the date and time registered by the EOA time stamp clock. Offers received after the deadline shall be returned unopened.

Any Proposals received by the United States Postal Service (USPS) or any other carrier service AFTER the date and time stated in Section 1.04, Significant Dates, will result in an automatic rejection.

5.20 PRICING

Pricing shall include labor, materials, supplies, ground transportation, travel between islands, all applicable taxes, **except the GET, currently 4%, which may be added as a separate line item and shall not exceed the current rate**, and any other costs incurred to provide the specified services, including expenses described in Section 2.02 A. 3.

The pricing shall be the all-inclusive cost, except the GET, to the State and no other costs will be honored.

5.21 ECONOMY OF PRESENTATION

Proposals shall be prepared in a straightforward and concise manner, in a format that is reasonably consistent and appropriate for the purpose. Emphasis will be on completeness and clarity and content. If any additional information is required by the State regarding any aspects of the Offeror's proposal, it shall be provided within four (4) business days.

5.22 PROPOSAL OPENING

Proposals will be opened at the date, time, and place specified in Section One, or as amended. Proposals shall not be opened publicly, but shall be opened in the presence of two or more procurement officials. The register of proposals and Offeror's proposals shall be open to public inspection after all parties sign the contract.

5.23 EVALUATION OF PROPOSALS

The Procurement Officer, or an evaluation committee of at least three (3) qualified state employees selected by the Procurement Officer shall evaluate proposals. The evaluation will be based solely on the evaluation criteria set out in Section Four of this RFP.

Proposals shall be classified initially as acceptable, potentially acceptable, or unacceptable. Discussion may be conducted with priority listed Offerors who submit proposals determined to be acceptable or potentially acceptable of being selected for

award, but proposals may be accepted without such discussions. The objective of these discussions is to clarify issues regarding the Offeror's proposals before the best and final offer, if necessary.

If numerous acceptable and potentially acceptable proposals are submitted, the evaluation committee may rank the proposals and limit the priority list to three responsive, responsible offerors who submitted the highest-ranked proposals.

5.24 DISCUSSION WITH PRIORITY LISTED OFFERORS

Priority listed offerors shall have a discussion with the evaluation committee to discuss their proposal to ensure thorough, mutual understanding. The State in its sole discretion shall schedule the time and location for these discussions, normally within the timeframe indicated in Section 1.04.

5.25 CANCELLATION OF RFP AND PROPOSAL REJECTION

The State reserves the right to cancel this RFP and to reject any and all proposals in whole or in part when it is determined to be in the best interest of the State, pursuant to HAR Section 3-122-96 through 3-122-97.

The State shall not be liable for any costs, expenses, loss of profits or damages whatsoever, incurred by the Offeror in the event this RFP is cancelled or a proposal is rejected.

5.26 ADDITIONAL TERMS AND CONDITIONS

The State reserves the right to add terms and conditions during the contract negotiations. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluation.

5.27 CONTRACT EXECUTION

Successful Offeror receiving award shall enter into a formal written contract. No performance or payment bond is required for this contract.

No work is to be undertaken by the Contractor prior to the commencement date or Notice to Proceed. The State of Hawaii is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the Contractor prior to the official starting date.

If an option to extend is mutually agreed upon, the Contractor shall be required to execute a supplement to the contract for the additional extension period. The Contractor or the State may terminate the extended contract at any time without cause upon six (6) weeks prior written notice.

5.28 PAYMENT

Incremental payments shall be made to the awarded Contractor on a quarterly basis, upon receipt of reports that meet the expectations of the RFP. The receipt of quarterly reports shall be due based on the timeline submitted by the Contractor in the proposal, or as amended.

HRS Section 103-10, provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment. For this reason, the State will reject any offer submitted with a condition requiring payment within a shorter period. Further, the State will reject any offer submitted with a condition requiring interest payments greater than that allowed by HRS §103-10, as amended.

The State will not recognize any requirement established by the Contractor and communicated to the State after award of the contract, which requires payment within a shorter period or interest payment not in conformance with statute.

5.29 AWARD

Method of Award. The award will be made to the responsive, responsible Offeror whose proposal is determined to be the most advantageous to the State based on the evaluation criteria.

HRS Chapter 237 tax clearance requirement for award. Instructions are as follows:

Pursuant to HRS §103D-328, awarded Offeror shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. It must be valid on the date it is received by the Department of Health, Executive Office on Aging.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX *TAX CLEARANCE APPLICATION* Form A-6 (Rev. 2003) which is available at the DOTAX and IRS offices in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms & Information): http://www.hawaii.gov/tax/a1_1alphalist.htm

DOTAX Forms by Fax/Mail: (808) 587-7572
1-800-222-7572

Completed tax clearance applications may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch, to the address listed on the application. Facsimile numbers are:

DOTAX: (808) 587-1488
IRS: (808) 539-1573

The application for the clearance is the responsibility of the Offeror, and must be submitted directly to the DOTAX or IRS and not to the Department of Health, Executive

Office on Aging. However, the tax clearance certificate shall be submitted to the Department of Health, Executive Office on Aging.

HRS Chapters 383 (Unemployment Insurance), 386 (Workers' Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) requirements for award.

Instructions are as follows:

Pursuant to HRS §103D-310(c), the awarded Offeror shall be required to submit a certificate of compliance issued by the Hawaii State Department of Labor and Industrial Relations (DLIR). The certificate is valid for six (6) months from the date of issue and must be valid on the date it is received by the Department of Health, Executive Office on Aging. A photocopy of the certificate is acceptable to the Department of Health, Executive Office on Aging.

The certificate of compliance shall be obtained on the State of Hawaii, DLIR *APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH HAR SECTION 3-122-112*, Form LIR#27 which is available at <http://hawaii.gov/labor/formsall.shtml> or at the neighbor island DLIR District Offices. The DLIR will return the form to the Offeror who in turn shall submit it to the Department of Health, Executive Office on Aging.

The application for the certificate is the responsibility of the Offeror, and must be submitted directly to the DLIR and not to the Department of Health, Executive Office on Aging. However, the certificate shall be submitted to the Department of Health, Executive Office on Aging.

Compliance with Section 103D-310(c), HRS, for an entity doing business in the State. The awarded Offeror shall be required to submit a *CERTIFICATE OF GOOD STANDING* (Certificate) issued by the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division (BREG). The Certificate is valid for six months from date of issue and must be valid on the date it is received by the Department of Health, Executive Office on Aging. A photocopy of the certificate is acceptable to the Department of Health, Executive Office on Aging.

To obtain the Certificate, the Offeror must first be registered with the BREG. A sole proprietorship, however, is not required to register with the BREG, and therefore not required to submit the certificate.

On-line business registration and the Certificate are available at www.BusinessRegistrations.com. To register or to obtain the Certificate by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). Offerors are advised that there are costs associated with registering and obtaining the Certificate.

Final Payment Requirements. Contractor is required to submit a tax clearance certificate for final payment on the contract. A tax clearance certificate, not over two months old, with an original green certified copy stamp, must accompany the invoice for final payment on the contract.

In addition to the tax clearance certificate, an original "Certification of Compliance for Final Payment" (SPO Form-22), attached, will be required for final payment. A copy of

the Form is also available at www.spo.hawaii.gov. Select “Forms for Vendors/Contractors” menu.

Hawaii Compliance Express. Alternately, instead of separately applying for these paper certificates at the various state agencies, vendors may choose to use the Hawaii Compliance Express (HCE), which allows businesses to register online through a simple wizard interface at <http://vendors.ehawaii.gov> to acquire a “Certificate of Vendor Compliance.” The HCE provides current compliance status as of the issuance date. The “Certificate of Vendor Compliance” indicating that vendor’s status is compliant with the requirements of HRS Chapter 103D-310(c), shall be accepted for both contracting purposes and final payment. Vendors that elect to use the new HCE services will be required to pay an annual fee of \$15.00 to the Hawaii Information Consortium, LLC (HIC). Vendors choosing not to participate in the HCE program will be required to provide the paper certificates as instructed in the prior sections.

Timely Submission of all Certificates. The above certificates should be applied for and submitted to the Department of Health, Executive Office on Aging as soon as possible. If a valid certificate is not submitted on a timely basis for award of a contract, an offer otherwise responsive and responsible may not receive the award.

5.30 SUBCONTRACTING

No work or services shall be subcontracted or assigned without the prior written approval of the State. No subcontract shall under any circumstances relieve the Contractor of his/her obligations and liability under this contract with the State. All persons engaged in performing the work covered by the contract shall be considered employees of the Contractor.

5.31 CONTRACT INVALIDATION

If any provision of this contract is found to be invalid, such invalidation will not be construed to invalidate the entire contract.

5.32 NON-DISCRIMINATION

The Contractor shall comply with all applicable federal and State laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, sex, age, sexual orientation, marital status, handicap, or arrest and court records in employment and any condition of employment with the Contractor or in participation in the benefits of any program or activity funded in whole or in part by the State.

5.33 CONFLICTS OF INTEREST

The Contractor represents that neither the Contractor, nor any employee or agent of the Contractor, presently has any interest, and promises that no such interest, direct or indirect, shall be acquired, that would or might conflict in any manner or degree with the Contractor’s performance of this contract.

5.34 WAIVER

The failure of the State to insist upon the strict compliance with any term, provision or condition of this contract shall not constitute or be deemed to constitute a waiver or relinquishment of the State's right to enforce the same in accordance with this contract.

5.35 SEVERABILITY

In the event that any provision of this contract is declared invalid or unenforceable by a court, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this contract.

5.36 CAMPAIGN CONTRIBUTIONS BY STATE AND COUNTY CONTRACTORS

It has been determined that funds for this contract have been appropriated by a legislative body.

Therefore, Offeror, if awarded a contract in response to this solicitation, agrees to comply with HRS Section 11-205.5, which states that campaign contributions are prohibited from a State and county government contractor during the term of the contract if the contractor is paid with funds appropriated by a legislative body.

5.37 ADDITIONS, AMENDMENTS AND CLARIFICATIONS

Approvals. Any agreement arising out of this offer may be subject to the approval of the Department of the Attorney General as to form, and is subject to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order, or other directive.

Cancellation of Solicitations and Rejection of Offers. The solicitation may be cancelled or the offers may be rejected, in whole or in part, when in the best interest of the purchasing agency, as provided in HAR §§3-122-95 through 3-122-97.

Confidentiality of Material. All material given to or made available to the Contractor by virtue of this contract, which is identified as proprietary or confidential information, will be safeguarded by the CONTRACTOR and shall not be disclosed to any individual or organization without the prior written approval of the STATE.

All information, data, or other material provided by the Offeror or the Contractor to the State shall be subject to the Uniform Information Practices Act, HRS chapter 92F. The Offeror shall designate in writing to the Procurement Officer those portions of its unpriced offer or any subsequent submittal that are trade secrets or other proprietary data that the Offeror desires to remain confidential, subject to HAR §3-122-58, in the case of an RFP, or HAR §3-122-30, in the case of an IFB. The Offeror shall state in its written communication to the Procurement Officer, the reason(s) for designating the material as confidential, for example, trade secrets. The Offeror shall submit the material designated as confidential in such manner that the material is readily separable from the offer in order to facilitate inspection of the non-confidential portion of the offer.

Price is not confidential and will not be withheld. In addition, in the case of an IFB, makes and models, catalogue numbers of items offered, deliveries, and terms of payment shall be publicly available at the time of opening regardless of any designation to the contrary.

If a request is made to inspect the confidential material, the inspection shall be subject to written determination by the Department of the Attorney General in accordance with HRS chapter 92F. If it is determined that the material designated as confidential is subject to disclosure, the material shall be open to public inspection, unless the Offeror protests under HAR chapter 3-126. If the request to inspect the confidential material is denied, the decision may be appealed to the Office of Information Practices in accordance with HRS §92F-15.5.

Nondiscrimination. No person performing work under this Agreement, including any subcontractor, employee, or agency of the Contractor, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.

Records Retention. The Contractor and any subcontractors shall maintain the books and records that relate to the Agreement and any cost or pricing data for three (3) years from the date of final payment under the Agreement.

Correctional Industries. Goods and services available through Hawaii Correctional Industries (HCI) programs may be the same or similar to those awarded by competitive sealed bids or proposals. Agencies participating in Department of Health, Executive Office on Aging requirements (price list) contracts may also procure directly from CI and shall not be considered in violation of the terms and conditions of any Department of Health, Executive Office on Aging contract.

Year 2000 Compliance. All appropriate hardware, software, and systems utilized for the work specified herein shall be year 2000 compliant.

Competency of Offeror. Prospective Offeror must be capable of performing the work for which offers are being called. Either before or after the deadline for an offer, the purchasing agency may require Offeror to submit answers to questions regarding facilities, equipment, experience, personnel, financial status or any other factors relating to the ability of the Offeror to furnish satisfactorily the goods or services being solicited by the STATE. Any such inquiries shall be made and replied to in writing; replies shall be submitted over the signatures of the person who signs the offer. Any Offeror who refuses to answer such inquiries will be considered non-responsive.

Preparation of Offer. An Offeror may submit only one offer in response to a solicitation. If an Offeror submits more than one offer in response to a solicitation, then all such offers shall be rejected. Similarly, an Offeror may submit only one offer for each line item (if any) of a solicitation. If an Offeror submits more than one offer per line item, then all offers for that line item shall be rejected.

Preference for Hawaii Products. A purchasing agency shall review all specifications in a bid or proposal for purchase from the Hawaii products (HP) list where these products are available; provided that the products: Meet the minimum specifications and the selling price f.o.b. jobsite; unloaded, including applicable general excise tax and use tax, does not exceed the lowest delivered price in Hawaii f.o.b. jobsite; and unloaded, including applicable general excise tax and use tax, does not exceed the lowest delivered price of a similar non-HP by more than: three per cent where class I HP are

involved; five per cent where class II HP are involved; or ten per cent where class III HP are involved.

All persons submitting bids or proposals to claim HP preference shall designate in their bids which individual product and its price is to be supplied as a HP.

Where a bid or proposal contains both Hawaii and non-HP, then for the purpose of selecting the lowest bid or purchase price only, the price bid or offered for a HP item shall be decreased by subtracting there from: three per cent, five per cent, or ten per cent for the class I, class II, or class III HP items bid or offered, respectively. The lowest total bid or proposal, taking the preference into consideration, shall be awarded the contract unless the bid or offer provides for additional award criteria. The contract amount of any contract awarded, however, shall be the amount of the bid or price offered, exclusive of the preferences.

Printing Preference: All bids or proposals submitted for a printing, binding, or stationery contract in which all work will be performed in-state, including all preparatory work, presswork, bindery work, and any other production-related work shall receive a fifteen per cent preference for purposes of bid or proposal evaluation.

Where bids or proposals are for work performed in-state and out-of-state, then for the purpose of selecting the lowest bid or evaluating proposals submitted, the amount bid or proposed for work performed out-of-state shall be increased by fifteen per cent. The lowest total offer, taking the preference into consideration, shall be awarded the contract unless the solicitation provides for additional award criteria. The contract amount awarded, however, shall be the amount of the price offered, exclusive of the preference.

SECTION SIX

ATTACHMENTS AND EXHIBITS

- Attachment 1: OFFER FORM, OF-1
- Attachment 2: OFFER FORM, OF-2
- Attachment 3: OFFEROR REGISTRATION FORM, OF-3
- Attachment 4: CERTIFICATE OF COMPLIANCE FOR FINAL PAYMENT
- Exhibit A: ON CREATING A LEGACY: HEALTHY AGING PROJECT; A STRATEGIC PLAN FOR ACHIEVING OUTCOMES
- Exhibit B: NATIONAL COUNCIL ON AGING SUSTAINABILITY SYSTEMS GRANT PROPOSAL

**OFFER FORM
OF-1**

**EVIDENCE-BASED PROGRAMS SUSTAINABILITY CONSULTANT
STATE OF HAWAII
DEPARTMENT OF HEALTH, EXECUTIVE OFFICE ON AGING
RFP-10-EOA-SC**

Procurement Officer
Executive Office on Aging
State of Hawaii
Honolulu, Hawaii 96813

To the Procurement Officer:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the **General Conditions**, by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Offeror is:

☐ Sole Proprietor ☐ Partnership ☐ *Corporation ☐ Joint Venture
☐ Other _____
*State of incorporation: _____

Hawaii General Excise Tax License I.D. No. _____

Payment address (other than street address below): _____
City, State, Zip Code: _____

Business address (street address): _____
City, State, Zip Code: _____

Respectfully submitted:

Date: _____ (x) _____
Authorized (Original) Signature

Telephone No.: _____
Fax No.: _____
Name and Title (Please Type or Print)

E-mail Address: _____
** _____
Exact Legal Name of Company (Offeror)

**If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed: _____

RFP-10-EOA-SC

Attachment 1

**OFFER FORM
OF-2**

Total contract cost for accomplishing the development and delivery of the services.

\$ _____

Note: Pricing shall include labor, materials, supplies, all applicable taxes, and any other costs incurred to provide the specified services.

Offeror _____
Name of Company

State of Hawaii
Department of Health
Executive Office on Aging

OFFEROR REGISTRATION FORM

**RFP-10-EOA-SC
FOR
SEALED OFFERS FOR
EVIDENCE-BASED PROGRAMS
SUSTAINABILITY CONSULTANT**

This Offeror Registration Form shall be completed and submitted by all potential offerors to Request for Proposals. If offerors do not register, they will not receive addenda, if any, and offer may be rejected and not considered for award.

Name of Company or Sole Proprietor	
Mailing address	
Telephone number	
Alternate number (if applicable)	
Facsimile Number	
Contact Person	
E-mail address	

Signature_____

Date_____

Please complete fill out the information and sign and date the form. Please return the form to the Executive Office on Aging, 250 South Hotel Street Suite 406 Honolulu, Hawaii 96813 or fax the form to 586-0185 or e-mail to noemi.pendleton@doh.hawaii.gov.

CERTIFICATION OF COMPLIANCE FOR FINAL PAYMENT
(Reference §3-122-112, HAR)

Reference: _____
(Contract Number) (IFB/RFP Number)

_____ affirms it is in
(Company Name)
compliance with all laws, as applicable, governing doing business in the State of Hawaii
to include the following:

1. Chapter 383, HRS, Hawaii Employment Security Law – Unemployment Insurance;
2. Chapter 386, HRS, Worker's Compensation Law;
3. Chapter 392, HRS, Temporary Disability Insurance;
4. Chapter 393, HRS, Prepaid Health Care Act; and

maintains a "Certificate of Good Standing" from the Department of Commerce and
Consumer Affairs, Business Registration Division.

Moreover, _____
(Company Name)

acknowledges that making a false statement shall cause its suspension and may cause
its debarment from future awards of contracts.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Attachment A

On Creating a Legacy: Healthy Aging Project

A Strategic Plan On Achieving Outcomes (2005-2009)

A Partnership Among:

Hawaii Department of Health:

Community Health Division

Executive Office on Aging

Hawaii District Health Office

Kauai District Health Office

Maui District Health Office

Office of Health Equity

County agencies:

Kauai Agency on Elderly Affairs

Elderly Affairs Division (City and County of Honolulu)

Maui County Office on Aging

Hawaii County Office of Aging

Other public and private agencies:

Alu Like, Inc.

Lanakila Rehabilitation Center

and

Local Communities

December 2004

Healthy Aging Partnership Steering Committee

Elaine Andrade, Department of Health, Office of Health Equity
Serafin Colmenares, Executive Office on Aging
May Fujii Foo, City and County of Honolulu Elderly Affairs Division
Pauline Fukunaga, Hawaii County Office of Aging
Scott Jensen, Maui County Office on Aging
Shirley Kidani, Executive Office on Aging
Elvira Lee, Executive Office on Aging
Ronald Metler, Kauai District Health Office
Karen Miyake, City and County of Honolulu Elderly Affairs Division
Lisa Nakao, Department of Health, Community Health Division
Liana Pang Tamura, Alu Like Inc.
Lorrin Pang, Maui District Health Office
Alan Parker, Hawaii County Office of Aging
Bob Pennington, Kau
Ann Pobutsky, Department of Health, Community Health Division
Debbie Revilla, Kupono Designs and Development
Remy Rueda, Lanakila Home Delivered Meals
Pat Sasaki, Executive Office on Aging
Eric Saunders, Lanakila Rehabilitation Center
Naomi Sugihara, Kauai County Agency on Elderly Affairs
Mary Jo Sweeny, Kauai Rural Health Association
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**On Creating a Legacy:
Healthy Aging Project**

**A Strategic Plan
On Achieving Outcomes
(2005-2009)**

May life be long and healthful.
~Anonymous



MESSAGE FROM THE DIRECTOR OF HEALTH

Hawaii is blessed with longevity. We have more na kupuna (older adults) than ever before. Associated with long life are related concerns of disability, poor health, and increasing health care costs. Yet, opportunities to lead a long and healthy life exist – it's never too late.

On Creating a Legacy: Healthy Aging Project – A Strategic Plan on Achieving Outcomes is a blueprint for improving the health status of our na kupuna. It acknowledges that health is a shared responsibility – shared among individuals, families, and our communities. I am very pleased that the *Healthy Aging Project*, a strong partnership among our State and County governments, private sector, non-profits, and citizens, is creating opportunities for our na kupuna today and leaving a legacy for generations tomorrow.

May life be long and healthful.

Aloha Nui Loa,

A handwritten signature in black ink, reading "Chiyome Leinaala Fukino, M.D.". The signature is fluid and cursive, with a large, stylized "C" and "F".

Chiyome Leinaala Fukino, M.D.
DIRECTOR OF HEALTH



Pat Sasaki, Executive Director
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Barbara Yamashita, Division Chief
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PREFACE

The Community Health Division and the Executive Office on Aging worked closely to facilitate the development of a strategic plan that promotes healthy aging in our communities statewide.

A community-based participatory approach brought together important aging-focused community networks and organizations and engaged our island communities in all stages of this public health planning process.

The plan focuses on prevention strategies and is based upon the most recent scientific information available about healthy aging through physical activity and nutrition. We are pleased to unveil *On Creating A Legacy: Healthy Aging Project's Strategic Plan on Achieving Outcomes*.

We hope you join with us in creating and sustaining healthy living for Hawaii's older adults in all of our island communities. E loa ke ola – may life be long and with good health.

Table of Contents

Message from the Director of Health	i
Preface	ii
Executive Summary	1
Introduction	2
Section 1: Background	3
Reviewing Data on Hawaii's Older Adult (60 Years or Older) Population	3
Reviewing Evidence Based Protective Effects of Physical Activity and Nutrition	5
Establishing the Partnership	6
Calling for Strategic Direction	7
Section 2: A Strategic Plan on Achieving Outcomes	8
Mission	8
Guiding Principles	8
Issues Identification and Prioritization	9
The Legacy: Long-term, Intermediate, and Short-term Goals	9
Short-term Goal	10
Sub-Goal 1	11
Sub-Goal 2	13
Sub-Goal 3	15
Sub-Goal 4	17
Sub-Goal 5	18
Working Timeline	19
References	20

EXECUTIVE SUMMARY

In 2003, State and County aging network and public health programs joined forces to improve the health status of older adults through increased physical activity and improved nutrition in local communities. It is through this partnership comprised of representatives from the State Unit and Area Agencies on Aging, Hawaii Department of Health, other public and private sector agencies, and individual and community members that *On Creating a Legacy: Healthy Aging Project – A Strategic Plan on Achieving Outcomes (2005-2009)* was developed.

The mission is to improve the health status of older adults. The partners recognize that this is a long-term venture and are committed to reaching the following goals:

- Long-term: Reduce morbidity and premature mortality.
- Intermediate:
 - All older adults will eat five or more servings of fruits and vegetables a day.
 - All older adults will participate in moderate physical activity of 30 minutes or more a day.
- Short-term (five-years): All older adults will start or continue to exercise and eat healthier.

The partners acknowledge that this venture must be community driven, inclusive, community owned, built upon existing community assets and infrastructures to ensure long term sustainability, and use evidence-based strategies. These perspectives are incorporated in the plan's objectives that are all aimed to reach the project's goals. A critical aspect of the project is to reach and engage individuals who are not eating five or more servings of fruits and vegetables a day or not participating in 30 minutes of physical activity a day.

INTRODUCTION

Across the nation, public health and aging networks are joining forces to improve the health of older adults. The U.S. Administration on Aging, National Association of State Units on Aging, the Association of State and Territorial Chronic Disease Program Directors, and Centers for Disease Control and Prevention are working together to address the health challenges of older adults.

Here in Hawaii, State and County aging networks and public health programs have joined together to systematically plan integrated approaches to improve the health status of Hawaii's multicultural population of older adults through increased physical activity and improved nutrition. This report provides information on the partnerships formed and the strategic plan adopted.

SECTION 1: BACKGROUND

Reviewing Data on Hawaii's Older Adult (60 Years or Older) Population

Hawaii has witnessed a major demographic revolution over the past few decades. According to the U.S. Census Bureau, in 1970, there were 67,490 older adults, representing nine percent of the total population. By the year 2000, older adults represented 17 percent of the total population. Between 1970 and 2000, the older adult population increased by 207 percent while the total population increased by 57 percent. (1)

Life expectancy has increased over time. In 1970, Hawaii life expectancy was 74 years. By 2000, it increased to 80 years compared to the nation as a whole at 77 years. (2)

According to the Hawaii Department of Health (HDOH) Office of Health Status Monitoring data, the leading causes of death among older adults have consistently been heart disease, cancer, and stroke. These three causes account for approximately two-thirds of all older adult deaths in Hawaii. (3)

Review of HDOH Behavioral Risk Factor Surveillance System data, show the following for older adults:

- The prevalence of diabetes increased from 11 percent in 1999 to 17 percent in 2003;
- The prevalence of high blood pressure increased from 41 percent in 1995 to 51 percent in 2001;
- Over 40 percent of older adults are overweight or obese;
- The percentage not getting regular physical activity increased from 45 percent in 1999 to 56 percent in 2003; and

- Over 60 percent consume less than the minimum recommended five fruits/vegetables a day. (4)

Although Hawaii's older adults are living longer, there are a growing number and percentage who face chronic conditions and who do not meet the recommended requirements for physical activity or nutrition. Many older adults do not pursue the benefits of the protective factors of increased physical activity and improved nutrition.

It should be noted that Hawaii's older adult population is not a homogeneous group. There are differences seen by ethnicity and geographic regions. For specific data, please visit the Executive Office on Aging website: <http://www2.hawaii.gov/eoa> or call (808) 586-0100 for more information.

Reviewing Evidence Based Protective Effects of Physical Activity and Nutrition

The Surgeon General's Report on Physical Activity provides evidence that regular physical activity reduces the risk of developing or dying from leading causes of illness in the United States. According to the report, regular physical activity improves health in the following ways:

- Reduces the risk of dying prematurely from heart disease and other conditions;
- Reduces the risk of developing diabetes;
- Reduces the risk of developing high blood pressure;
- Reduces blood pressure in people who already have high blood pressure;
- Reduces the risk of developing colon and breast cancer;
- Helps to maintain a healthy weight;
- Helps build and maintain healthy bones, muscles, and joints;
- Helps older adults to become stronger and better able to move about without falling;
- Reduces feelings of depression and anxiety; and
- Promotes psychological well-being. (5)

The most extensive epidemiological evidence about the protective effects of fruits and vegetables is related to cancer (6). It was estimated by the American Institute for Cancer Research and the World Cancer Research Fund that 30 to 40 percent of cancer cases throughout the world are preventable by reasonable dietary practices (7). Diets high in fruits and vegetables are correlated with less heart disease, lower blood pressure and less stroke (8, 9, 10). Eating more fruits and vegetables decreases a woman's risk of developing breast cancer (11) and a healthy diet can help prevent diabetes (12), as well as diverticulosis and cataracts (13). Further, a diet high in fruits and vegetables may be an effective way to fight obesity (14).

Establishing the Partnerships

Improving the health status of Hawaii's older adults is a shared responsibility that involves the development of partnerships among individuals, families, service providers, communities, as well as, public, private, and non-profit sector organizations. Recognizing this, Hawaii's State and County aging network and public health agencies led the way in establishing the initial partnership and mechanisms necessary to plan, develop, and implement strategies to increase physical activity and improve nutrition among older adults.

Hawaii has many State and County government agencies that are interested in improving the health and quality of life for Hawaii's older population. However, no formal communication network had ever been established statewide to bring these different agencies together to collaboratively promote active living for Hawaii's older adults.

In June 2003, the Community Health Division (CHD) and the Executive Office on Aging (EOA) began discussion to work together to improve the health status of Hawaii's elderly population. Funding from the Healthy Hawaii Initiative was provided for partial support of this effort.

Subsequently, in November 2003, EOA convened the Area Agencies on Aging (Kauai County Agency on Elderly Affairs, City and County of Honolulu's Elderly Affairs Division, Maui County Office on Aging, Hawaii County Office of Aging) and the Hawaii Department of Health's Community Health Division and Office of Health Equity to begin a series of meetings on developing a statewide collaborative to improve the health status of Hawaii's older adults.

Prior to this initiative, there was very little exposure to each other's programs. Over a three-month period, the partners shared information, reviewed population profile and health status data, identified priority health issues and existing resources and assets, and made a commitment to this long term venture by creating a legacy for future generations.

The partners acknowledged that the venture must be community-driven, inclusive, community owned, built upon existing

community assets and infrastructures to ensure long-term sustainability, and use evidence-based strategies.

The partners agreed on the:

- Purpose: To improve the health status of older adults.
- Focus: To increase physical activity and improve nutrition.

The partners recognized that during a period of fiscal restraint they needed to proceed in a collaborative manner to see improvement in the health status of older adults. Thus, they agreed to pool and leverage resources, create new alliances as well as build upon existing ones, and take a systems-wide and broad-based integrative approach to improve the health of the older adult population.

Calling for Strategic Direction

The partners collectively designed a strategic planning process that was conducted over a three-month period. The partnership was expanded to include key representatives from local communities:

- Alu Like, Inc.
- City and County of Honolulu:
 - Elderly Affairs Division
 - Department of Parks and Recreation
- Hawaii County: Hawaii County Office of Aging
- Kauai County: Kauai Agency on Elderly Affairs
- Maui County: Maui County Office on Aging
- Hawaii Department of Health:
 - Community Health Division
 - Executive Office on Aging
 - Hawaii District Health Office
 - Kauai District Health Office
 - Maui District Health Office
 - Office of Health Equity
- Hawaii Medical Service Association
- Lanakila Rehabilitation Center
- Local public and private agencies
- Communities
- Individuals.

The partners dedicated many hours shaping the plan. The following section describes the plan.

SECTION 2: A STRATEGIC PLAN ON ACHIEVING OUTCOMES (2005-2009)

Mission

Improve health status of older adults.

Guiding Principles

1. Promote community involvement and ownership of activities.
2. Assure that cultural and ethnic diversity are respected and differences in process are embraced.
3. Measure outcomes through the collection of quality data.
4. Focus on the prevention aspect of activities.
5. Encourage partner involvement in planning, delivery and evaluation of initiatives.
6. Support the development of infrastructure that will sustain efforts and activities.

Issues Identification and Prioritization

The partners identified six priority issues as agenda items to be addressed.

- Culturally appropriate activities
- Communities recognize and measure their own performance
- Communicating ideas and resources to people
- Seniors' attitudes – mindset
- Fun, interesting, challenging activities
- Resource development.

The Legacy: Long-term, Intermediate, and Short-term Goals

All of the partners made a commitment to this long-term venture by creating opportunities today and leaving a legacy for future generations.

The legacy's goals are:

- Long-term: Reduce morbidity and premature mortality.
- Intermediate:
 - All older adults will eat five or more servings of fruits and vegetables a day.
 - All older adults will participate in moderate physical activity of 30 minutes or more a day.
- Short-term (five-years): All older adults will start or continue to exercise and eat healthier.

The following pages detail this short-term goal by providing sub-goals, outcomes, objectives, activities and timeline.

Short-term Goal:

All older adults will start or continue to exercise and eat healthier.

Sub-Goals:

- Sub-Goal 1: Share appropriate healthy aging practices with older adults.
- Sub-Goal 2: Communities target evidence-based interventions and measure their own performance.
- Sub-Goal 3: Older adults have access to accurate and current information and resources about healthy aging.
- Sub-Goal 4: Older adults will have positive attitudes about healthy aging.
- Sub-Goal 5: Older adults, in particular high-risk populations, will participate in fun, interesting, and challenging activities to improve their health.

Sub-Goal 1: Share appropriate healthy aging practices with older adults.

Outcomes:

- Partners* will gain knowledge about needs assessment approaches.
- Partners will be able to apply knowledge gained by conducting needs assessment/listening sessions with various groups**.
- Partners will be able to incorporate appropriate practices in healthy aging projects.

Objectives: By December 2004, as a result of statewide training sessions, partners will be able to conduct needs assessment/listening sessions with various groups.

By March 2005, partners will learn from older adults what are appropriate activities for healthy aging.

By March 2005, partners will design programs enabling older adults to practice and share appropriate healthy aging activities.

Activities:

Conduct statewide training on conducting needs assessment/listening sessions

- Determine training needs
- Identify partners /trainees
- Establish committee to plan training session
- Develop training materials
- Conduct and evaluate training

*Refers to existing or potential partners in local communities.

**Groups include ethnic and other special populations, such as, people who use wheelchairs, canes or other assistive technology, people who have lost their teeth, people who are childless, people who use tobacco, and bedridden older adult populations.

Conduct needs assessment/listening sessions

- Learn what activities older adults can share (teach themselves) and
- Learn what older adults want to learn
- Identify role models

Set up, implement, and evaluate program.

- Design program incorporating perspectives
- Implement program
- Evaluate and sustain.

Sub-Goal 2A: Communities target evidence-based interventions.

Sub-Goal 2B: Communities measure their own performance*.**

Outcomes:

- Partners will gain knowledge about evidence-based interventions.
- Partners will be able to apply knowledge gained by developing a full-scale project proposal incorporating evidence-based project design.
- Partners will be able to implement project.
- Partners will be able to understand the importance of evaluation and may conduct the evaluation themselves.

Objectives: At the end of the statewide training session, partners will be able to draft a few project designs (choose among alternatives) that incorporate an evidence-based strategy for their community.

By March 2005, partners will be able to produce a full-scale proposal for pilot project implementation.

By April 2005, partners will implement pilot projects.

By June 2006, partners will have completed the final evaluations of their pilot projects.

By December 2006, partners will showcase their healthy aging projects at a statewide conference.

Activities:

Conduct annual statewide training on documenting evidence-based interventions

- Determine training needs
- Identify partners /trainees
- Establish committee to plan training session
- Develop training materials

- Provide technical assistance as needed (i.e., literature search)
- Conduct and evaluate training

Provide technical assistance on design, implementation, evaluation

- Develop process to provide technical assistance
- Organize technical assistance group
- Conduct technical assistance, as needed
- Have technical assistance group serve as liaison to external resources

Hold showcase conference

- Establish committee to plan and organize conference
- All projects will be showcased, share lessons learned, and discussed
- Conduct and evaluate conference.

***For publication standards. For this project, cost is not an outcome. Partners will take into consideration the value of negative results.

Sub-Goal 3: Older adults have access to accurate and current information and resources about healthy aging.

Outcomes:

- Partnerships will be developed with public and private agencies for the purposes of communicating and disseminating healthy aging messages.
- Older adults will have better knowledge of the benefits of improved nutrition and increased physical activity.
- Older adults will have increased awareness of current information about healthy aging programs and resources in their community.

Objectives:

By May 2005, develop partnerships to communicate healthy aging messages.

By September 2006, conduct a public awareness campaign on healthy aging.

By September 2006, older adults will have current information about healthy aging programs and resources in their communities.

At the end of the public awareness campaign, older adults will have better knowledge of the benefits of improved nutrition and increased physical activity.

Activities:

Identify and develop partnerships and resources

Design and develop public awareness campaign

- Establish committee to develop statewide healthy aging campaign
- Identify programs and resources on healthy aging in the community

- Review evidence based strategies
- Produce the right messages/right time
- Identify spokesperson/role models

Conduct public awareness campaign

- Develop and implement other programs/tools for dissemination of message

Evaluate public awareness campaign.

Sub-Goal 4: Older adults will have positive attitudes about healthy aging.

Outcomes:

- Older adults will gain knowledge about barriers and facilitators to healthy aging practices.
- Older adults will be able to apply knowledge gained by educating other older adults or community.
- Older adults will become positive role models of healthy aging.

Objectives: By March 2005, a program will be designed that addresses barriers and facilitators of healthy aging.

By September 2006, twelve older adults will be selected as positive role models for healthy aging program.

Activities:

Conduct training on how to identify barriers and facilitators

- Identify and address barriers and facilitators to healthy aging

Create a program emphasizing positive attitudes

Implement program

- Educate older adults
- Identify role models.

Sub-Goal 5: Older adults, in particular high-risk populations**, will participate in fun, interesting, and challenging activities to improve their health.**

Outcomes:

- Older adults will learn what healthy aging activities exist in their communities.
- Older adults will participate in healthy aging activities.

Objectives: By March 2005, partners will design programs that appeal to older adults.

By September 2006, older adults will be able to participate in fun and interesting healthy aging activities.

Activities:

Identify healthy aging activities that appeal to older adults

Identify current resources and programs

Design programs that appeal to older adults and/or incorporate in existing programs activities that appeal to older adults

Implement program

- Identify and use incentives to increase participation and motivate individuals.
- Recognize achievements
- Market program

Evaluate program.

****High risk population refers to those not eating five fruits or vegetables a day or not participating in 30 minutes of physical activity a day.

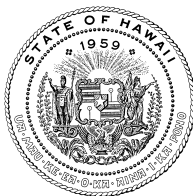
Working Timeline

Complete statewide plan (All)	8/15/2004
Conduct statewide training sessions	12/30/2004
Complete needs assessment (Counties)	3/2005
Produce full scale proposal for pilot implementation (Counties)	3/2005
Prepare for project implementation (Counties)	3/2005
Conduct pilot project (Counties)	4/2005
Monitor pilot (Counties)	On- going
Evaluate pilot projects (Counties)	6/2006
Reassess, revise, and update area plans (Counties)	9/2006
Select positive role models (Counties)	9/2006
Conduct public awareness campaign (Statewide, Counties)	9/2006
Conduct full implementation of projects (Counties)	10/2006
Conduct statewide showcase conference (All)	12/2006
Evaluate	Annually

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Hawaii Department of Health
www.hawaii.gov/health



Linda Lingle, Governor
Chiyome Leinaala Fukino, M.D., Director of Health

For more information, please contact the
Executive Office on Aging at (808) 586-0100
or by e-mail: eoah@health.state.hi.us

We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Contact the Executive Office on Aging using the above information or our departmental Affirmative Action Officer at P.O. Box 3378, Honolulu, HI 96801-3378, or at (808) 586-4616 (voice/tty) within 180 days of a problem.

APPENDIX A: Strategic Plan for Sustainability of Evidence-Based Programs

THE HEALTHY AGING PARTNERSHIP

In 2003, the Executive Office on Aging (EOA) and the Department of Health Community Health Division (CHD), partnered together with the goal of improving the health status of Hawaii's older adults. Bringing together representatives from the Area Agencies on Aging, District Health Offices, and public and private aging services and healthcare providers, EOA & CHD established the Hawai'i Healthy Aging Partnership. In 2004, the Partnership gathered to identify its intended legacy and strategic direction. *On Creating A Legacy: Healthy Aging Project - A Strategic Plan on Achieving Outcomes (2005-2009)* is the product of the decisions made during that planning process. Identified legacy and strategic direction directives are included below:

MISSION

Improve health status of older adults

GUIDING PRINCIPLES

1. Promote community involvement and ownership of activities.
2. Assure that cultural and ethnic diversity are respected and differences in process are embraced.
3. Measure outcomes through the collection of quality data.
4. Focus on the prevention aspect of activities.
5. Encourage partner involvement in planning delivery, and evaluation of initiatives.
6. Support the development of infrastructure that will sustain efforts and activities.

THE LEGACY'S GOALS

<u>Long-Term:</u>	Reduce morbidity and premature mortality	
<u>Intermediate:</u>	<ul style="list-style-type: none"> • All older adults will eat five or more servings of fruits and vegetables a day. • All older adults will participate in moderate physical activity of 30 minutes or more a day. 	
<u>Short-Term:</u> <u>(by 2010)</u>	All older adults will start or continue to exercise and eat healthier.	
	Sub-goal 1:	Share appropriate healthy aging practices with older adults
	Sub-goal 2:	Communities target evidence-based interventions and measure their own performance.

	Sub-goal 3:	Older adults have access to accurate and current information and resources about healthy aging.
	Sub-goal 4:	Older adults will have positive attitudes about healthy aging.
	Sub-goal 5:	Older adults, in particular high-risk populations, will participate in fun, interesting, and challenging activities to improve their health.

EVIDENCE-BASED INTERVENTION

In 2005, Healthy Aging Partners applied for and were awarded demonstration grant funding from the U.S. Administration on Aging to implement, replicate, and embed two Evidence-Based Health Promotion and Disease Prevention Programs, the EnhanceFitness Program and Chronic Disease Self-Management Program, in Hawaii's Aging and Public Health Networks. The programs were successfully implemented and available statewide. The number of Evidence-Based Programs increased in 2008 as the Partners began training and planning for implementation of the Arthritis Self-Management Program and the Diabetes Self-Management Program.

In 2008, the Healthy Aging Partnership identified the need for a strategic plan to guide the long-term sustainability of Hawaii's established Evidence-Based Programs. In January 2009, the Partnership hosted a two-day strategic planning meeting, bringing together service providers and administrators from the Aging, Healthcare, and Labor Sectors. Participants provided the Partnership with critical needs and ideas for long-term sustainability. In a smaller setting, a workgroup of Strategic Planning Participants prioritized identified needs and created SMART (Specific, Measurable, Attainable, Realistic, and Timely) Goals.

These SMART goals are intended to direct strategies for establishing the long-term sustainability of Hawaii's Evidence-Based Programs.

SMART GOALS

Champions

AC = Anne Chipchase
CV = Cristina Vocalan
DA = Deborah Arendale
JM = Judy Mikami

JY = Jeanine Yonashiro
KB = Kathryn Braun
LT = Leslie Tanoue
MF = May Fujii Foo

MT = Michiyo Tomioka
NP = Noemi Pendleton
RB = Rita Barreras

Smart Goals	Dates for Completion	Champions	Notes
DATA <u>Short-Term:</u> <ul style="list-style-type: none"> • Prepare PowerPoint presentations about HAP-EE program data that members can use in their presentations to state and county legislators and government officials, healthcare providers (physicians, nurses, etc.), caregivers, and participant family members • Determine the cost per client of offering CDSMP and EF in Hawai'i. Include volunteer stipends and in-kind support in the calculation of cost • Modify the CDSMP and EF participant consent forms to meet the HIPPA and IRB requirements needed to collect additional data measurements, including: <ul style="list-style-type: none"> ○ HbA1c levels ○ Blood Pressure ○ Cholesterol (HDL and LDL) ○ Fitness Checks ○ Health Insurance Data • Continue collecting participant self-report data 	3/1/09 2/28/2009 2/28/2009 Ongoing	 <i>KB, MT</i>	

<p>REVENUE GENERATION</p> <p><u>Short-Term:</u></p> <ul style="list-style-type: none"> • Determine CDSMP and EF program costs. Include volunteer stipends and in-kind support in the calculation of cost. • Identify potential revenue sources • Write grants • Contact prospective funders • Determine a mechanism to charge participants for program services and use collected monies to fund future classes. • Determine a mechanism to seek voluntary charitable donations from program participants during the class duration and after program completion. Collected monies will be used to fund future classes. • Seek funding from Quest Expanded Access (QExA) • If appropriate, advocate for Kupuna Caucus Legislation 	<p>4/15/2009</p> <p>4/15/2009/Ongoing 5/15/2009/Ongoing 5/15/2009/Ongoing 6/15/2009</p> <p>6/15/2009</p> <p>4/15/2009/Ongoing 5/7/2009</p>	<p><i>LT</i></p> <p><i>DA, JY</i> <i>DA, JY</i> <i>DA, JY</i> <i>JY</i></p> <p><i>JY</i></p> <p><i>EOA</i> <i>NP</i></p>	
<p>INFRASTRUCTURE</p> <p><u>Short-Term:</u></p> <ul style="list-style-type: none"> • Explore and present a plan for state- and island-wide program coordination. The coordination function includes developing future direction and program goals, evaluation criteria, and budget. • Clarify participant roles • Create infrastructure for evaluation services • Create an island- and state-specific central repository of classes and information online • Develop a central coordinating mechanism between 	<p>4/15/2009</p> <p>6/15/2009 6/15/2009 4/15/2009</p> <p>4/15/2009</p>	<p><i>RB, AC, JM</i></p> <p><i>RB, AC, JM</i> <i>RB, AC, JM</i> <i>NP and EOA</i></p> <p><i>NP and EOA</i></p>	

<p>leaders and agencies</p> <p><u>Long-Term:</u></p> <ul style="list-style-type: none"> Follow-up the infrastructure plan with a full Business/Marketing Plan 	1/15/2010	<i>RB, AC, JM</i>	
<p>PARTNERSHIPS</p> <p><u>Short-Term:</u></p> <ul style="list-style-type: none"> Identify possible stakeholders and their potential roles (e.g. as referral sources, partners, leaders funders, etc.) in future program implementation and service provision. Engage partnerships of organizations and providers <p><u>Long-Term:</u></p> <ul style="list-style-type: none"> Develop a long-term leader recruitment and retention plan that considers engaging internship programs, healthcare providers, and active retirees. 	<p>6/15/2009/Ongoing</p> <p>6/15/2009/Ongoing</p> <p>8/15/2009</p>	<i>CV, JY</i>	
<p>MARKETING</p> <p><u>Short-Term:</u></p> <ul style="list-style-type: none"> Hire a marketer/educator within the next 4 months <p><u>Long-Term:</u></p> <ul style="list-style-type: none"> Find a program champion within the next 12 months Identify one influencer in each county that can be a program champion within the county Follow-up the infrastructure plan with a full Business/Marketing Plan 	<p>5/15/2009</p> <p>1/15/2010</p> <p>1/15/2011</p> <p>1/15/2010</p>	<p><i>NP, EOA</i></p> <p><i>MF</i></p> <p><i>MF</i></p> <p><i>RB, AC, JM</i></p>	

<p>LEGISLATION</p> <p><u>Short-Term:</u></p> <ul style="list-style-type: none"> • Coordinate with Kupuna Caucus to provide data and information to support introduced state legislation. • Support legislative language that includes specific chronic diseases. <p><u>Long-Term:</u></p> <ul style="list-style-type: none"> • Support legislation to provide local tax credits to CDSMP and EF program providers, insurers, etc. • Support legislation to fund or reimburse programs for government employees through the Employee-Union Health Benefits Trust Fund • Support legislation mandating evidence-based programs be used when insurers or providers are providing required classes 	<p>2/15/2009</p> <p>2/15/2009</p>	<p><i>NP, EOA</i></p>	
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Attachment B

A. Summary Abstract

Hawai'i's Executive Office on Aging (EOA)—in partnership with the Department of Health, University of Hawai'i, all 4 county-based Area Agencies on Aging, ALU LIKE Inc, and many other OAA-funded service providers and health and research partners—requests \$300,000 over 3 years to assure the Sustainability of CDSMP in Hawai'i. These groups together comprise the Hawai'i **Healthy Aging Partnership**, established in 2003 to improve older adult health by building Aging Network capacity to implement evidence-based (EB) prevention programs in Hawai'i's multi-ethnic environment. Between 2003 and 2006, HAP trained 40 Aging Network partners in EB programming and supported pilots in 3 counties. In 2006, HAP won an AoA “Empowering Older Adults” grant and began embedding CDSMP and EnhanceFitness (EF). For CDSMP, we have developed 21 CDSMP Master Trainers (MT) and 14 Lay Leaders (LL), and 22 CDSMP cycles have been offered in 2 counties. Of the 208 older adult “graduates,” 83% were Asian or Pacific Islander. In the final 17 months of the AoA grant, we will train 20 more MT in June 2008, start CDSMP in the other 2 counties, continue to support EF on Kaua'i, and develop a Strategic Plan for Sustainability. The NCOA Sustainability grant will allow us to move faster and more systematically toward sustainability, specifically allowing us, over the next 3 years, to:

1. Fully embed CDSMP in all counties, with 80 MT (at least 2 in every major community).
2. Provide at least 170 CDSMP cycles to at least 1,360 older adults statewide.
3. Achieve strategic objectives from our 2008 Strategic Plan for Sustainability to realize diversified, long-term financing to sustain CDSMP and enable us to reach an additional 2,000 elders by 2016.
4. Work with NCOA to promote system changes that justify benefits of EB health promotion for older adults and support nationwide access to them.

B. Current Activities and Capacity

CDSMP currently is offered in 2 of 4 (50%) counties. As shown in Table 1, the state currently has 21 CDSMP Master Trainers (MT, trained in June 2007) and 14 Lay Leaders (LL, trained in November-December 2007.) Since August 2007, CDSMP sessions have been completed by 208 older adults, 49% of whom were Native Hawaiian or other Pacific Islander (our state's most disadvantaged groups), 24% Filipino, 18% Japanese, and 17% Caucasian.

Table 1. CDSMP Providers, Cycles (of 6 sessions) and Participants					
Counties (islands)	Master Trainers	Lay Leaders	CDSMP Cycles	Enrolled* (60+)	Completed (60+)
City/County of Honolulu (O'ahu)	13	1	14	153 (150)	142
• ALU LIKE Inc	4	1	5	64 (63)	60
• Kokua Kalihi Valley	3		5	57 (55)	53
• Child and Family Services	2		2	23	20
• Lanakila Meals on Wheels	1		0	0	0
• Kapiolani Community College	2		2	9	9
• Department of Health	1**				
Maui County (Maui and Moloka'i)	8	7	8	73 (67)	66
<u>Maui island</u>			6	54 (51)	51
• Maui County Office of Aging	1				
• Maui County Parks and Rec	1				
• Kaunoa Senior Services	1				
• Maui Interfaith Volunteers	1				
• Kaiser Permanente	1				
• Alzheimer's Assn	1				
• Nursefinders		1			
• Na Ho'aloa		1			
• Volunteers		3			
<u>Moloka'i island</u>			2	19 (16)	15
• ALU LIKE Inc		2			
• Molokai General Hospital	1				
• Na Puuwai	1				
Hawai'i County (Big Island)		4			
• ALU LIKE Inc					
Kaua'i County (Kaua'i island)		2			
• ALU LIKE Inc					
Total	21	14	22	226 (217)	208

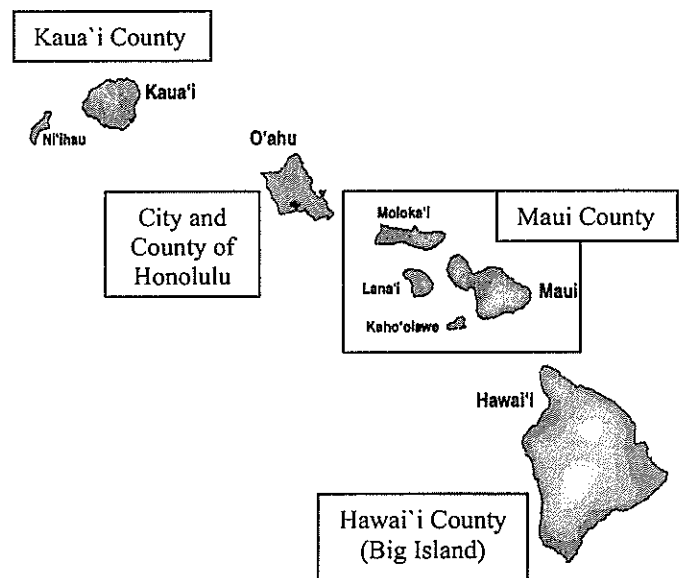
* Number who completed baseline questionnaire, followed by number who attended at least 1 of 6 sessions within a cycle.

** Includes individuals pending certification (i.e., now leading their 2nd required cycle).

Currently, all offerings of CDSMP stem from the AoA Empowerment Grant. The county-based AAAs are coordinating CDSMP partnerships in their counties, while their Aging Network agencies are having their staff trained as MTs and are delivering CDSMP. AoA grant funds are used to pay for the books used by the participants and for partial salary support of MTs at provider agencies. In Honolulu, Title III and VI providers have not charged a fee, while Kapi`olani Community College charges \$20 per senior. Maui providers charge participants \$10 to enroll (although this fee can be waived for someone who cannot afford it). To our knowledge, no other CDSMP groups are being held in Hawai`i, although Kaiser facilitates a support group for former CDSMP participants on the Leeward coast.

Other “capacities” of HAP include our long-established coalition, our champions, our registry and quality improvement (QI) system, our participation with NCOA, our protocol to measure outcomes, and our dissemination successes.

We have an excellent **Statewide Coalition**, known as the Hawai`i Healthy Aging Partnership (HAP). HAP was established in 2003 to improve older adult health by building Aging Network capacity to implement evidence-based (EB) prevention programs in Hawai`i’s multi-ethnic environment. Members include Hawai`i’s Executive Office on Aging (EOA), Department of Health (DOH), all 4 county-based Area Agencies on Aging (AAA), and numerous other OAA-funded service providers and health and research partners on each island. The HAP team developed a Strategic Plan in 2004 and was



awarded state funds to train 40 Aging Network partners in EB-related skills, e.g., assessing need, finding EB programs to fit community need, constructing logic models, writing grant proposals, and evaluating programs. These 40 partners were distributed across the state's 4 counties and included individuals serving on County Partnerships for Healthy Aging. To demonstrate their new skills, 3 of 4 counties piloted health promotion programs and evaluated their success in 2005 (supported by more state funds). In 2006, HAP won an AoA "Empowering Older Adults" grant. Although state and county contracting processes slowed our start, we have served 221 in CDSMP in Honolulu and on Maui and 93 in EF on Kaua'i and the Big Island since August 2007. HAP is now organizing a 2nd Stanford-offered MT training for June 2008, at which 2 of our MTs will apprentice to become T-Trainers.

Hawai'i has many agency **Champions** for CDSMP, and we feature 7 of them here. The Executive Office on Aging is an extraordinary Champion, with the foresight to establish HAP in 2003 and allocate state funds to building the capacity of the Aging Network in EB programming. Shirley Kidani, EOA Planner, spent a minimum of 20% of her time staffing HAP, coordinating training, and managing the AoA Grant. With her move to another job in October 2007, EOA Director Noemi Pendleton has taken the lead. She contracted \$30,000 in state funds to support project coordination and Strategic Planning over 2008 while searching for a replacement for Shirley. She also is committing \$10,000 in state funds toward the next Stanford-offered MT training, scheduled for June 2008. She continues to co-chair HAP, along with Barbara Yamashita from the Department of Health.

Within DOH, Barbara's Community Health Division (CHD) has demonstrated commitment in 4 ways. First, it has contributed \$10,000 toward the June 2008 Stanford CDSMP training of MTs in Hawai'i. DOH-CHD commits 4 Health Educators (1/county) to train as MT

and each offer at least 2 CDSMP cycles per year. It supports entities associated with its Diabetes Prevention and Control Program to identify staff to become MTs and to offer at least 2 CDSMP cycles per year. Finally, it has specified CDSMP as a key service for delivery through its proposed arthritis program, to reach 10,000 adults with arthritis. This proposal is under consideration by the CDC, and its \$300,000/yr budget includes a 1.0 FTE coordinator and a .5 FTE assistant who will coordinate CDSMP access for that population (with whom we will work quite closely). Following our next LL trainings (March and April, 2008) and the Stanford-led MT training and T-Trainer apprenticeship (June 2008), our distribution of trainers and leaders should look like this:

Table 2. Distribution of TT, MT, and LL by July 2008			
	T-Trainers	MT	LL
City/County of Honolulu (O`ahu island)	2	20	12
Maui County			
• Maui island		10	8
• Molokai and Lana`i islands		4	2
Hawai`i County (Big Island)		4	4
Kaua`i County (Kaua`i island)		2	4
Total (6 islands in 4 counties)	2	40	30

Both Honolulu and Maui County AAA are Champions. The Honolulu AAA and the Honolulu County Partnership for Healthy Aging have spearheaded CDSMP training (and will coordinate the June 2008 training as well) and has supported CDSMP growth on O`ahu. Most significantly, AAA grants manager May Fujii-Foo has hosted regular meetings of all CDSMP providers. This group has contributed significantly to CDSMP progress by helping us: 1) finalize the CDSMP consent forms and data collection tools; 2) develop a fidelity protocol that requires monitoring of all new MT and LL; 3) assure sessions are monitored as recommended by the protocol; and 4) recommend improvements to our CDSMP efforts based on review of fidelity and outcome data presented by the HAP evaluation team.

Maui County AAA and the Maui County Partnership for Healthy Aging has promoted CDSMP in their 3-island county (including Maui, Moloka'i, and Lana'i). AAA Director John Tomoso contributed \$8,000 in county funds to send Maui providers to Honolulu for MT training and has backed his program specialist Jo Reyes in coordinating CDSMP activity. Jo, an MT herself, has become our "poster child" for CDSMP, having lost 90 pounds since she first attended CDSMP training and started actualizing its teachings. Jo and other MTs on Maui developed CDSMP promotional materials, which have been shared with others, and have secured extraordinary media coverage for their program. They also have secured student assistance from Maui Community College in scheduling cycles and collating necessary CDSMP materials.

Among service providers, a clear Champion for CDSMP has emerged in ALU LIKE Inc, a non-profit organization dedicated to improving the well being of Native Hawaiians. As noted above, Native Hawaiians are the least advantaged ethnic group in Hawai'i. ALU LIKE (AoA-funded through Title VI) offers programs to enhance the strengths of Native Hawaiian elders and their caregivers on the islands of Hawai'i, Kaua'i, Maui, Moloka'i and O'ahu. ALU LIKE has been convinced that CDSMP is an appropriate and effective program for Native Hawaiians. It is supporting its elderly service staff on all islands to train as MT or LL and is supporting 2 senior staff—Liz Meahl (director) and Leslie Tanoue (program specialist)—in becoming T-Trainers (expected to complete T-Trainer apprenticeship in June 2008). Already Liz and Leslie have "gone above and beyond" for HAP by becoming authorities in training, implementation, and fidelity monitoring and assisting other MTs with CDSMP when they have questions or need a substitute. They provided their first Lay Leader Training over 4 days in Nov-Dec 2007, and plan 2 more between now and June.

Another service provider Champion is Kokua Kalihi Valley (KKV), a 330 Community Health Center serving large public housing complexes and the largest immigrant community in the state. MTs affiliated with KKV's senior and adult programs have extended CDSMP into the Filipino and Samoan immigrant communities, both of which have high rates of diabetes and other chronic diseases. Merlita Compton and Sheryl Yoshimura (both Filipina Americans) are poised to become T-Trainers at the next opportunity.

Finally, CDMSP has a Champion in the University of Hawai'i, which provides evaluation services to the HAP and participates in the NCOA's Measures of Success group. The evaluation team has been scrupulous in assuring collection of data to track providers, trainers, and participants. We know from satisfaction data that CDSMP participants enjoy the program and feel confident that they can continue to apply program knowledge and skills to manage their chronic conditions. We start collection of our 6-month follow-up data in March 2008 to discover the long-term impact of CDSMP. UH also has supported dissemination efforts, including presentations at 1 local, 2 national, and 1 international conferences and the submission of a manuscript about our work.

C. Statement of the Problem

A major difficulty in Hawai'i is its **geography**. The state is comprised of islands that are mountainous and have limited road systems. Although the state is small, one must fly between islands and may need to drive several hours to reach a rural community. For example, it takes 3 hours (each way) to drive from central Maui to Hana, a community with a high concentration of Native Hawaiians. To expand CDSMP, we need to establish MTs in Hana and other rural communities. Hawai'i also is 2,500 miles from the continental US, and expensive to visit. Relying on Stanford to train MTs is cost prohibitive. To assure an adequate supply for rural

communities and to cover turn-over, we need to be able to train our own MTs. Hence, we are apprenticing 2 T-Trainers in June 2008.

On the other hand, our small size is facilitating the rapid spread of CDSMP. HAP has operated as a statewide coalition since 2003, and both EOA and DOH are extremely supportive. The Hawai'i State Aging Plan (2008-2011) calls for more EB health promotion programs for older adults, as the state is committed to helping elders gain control over and reduce the impact of chronic disease. As noted, EOA has expended state funds on the project, in addition to providing match, and DOH is committing funds from its general and chronic disease budgets for CDSMP.

Also, as noted in the RFA, CDSMP tends to lack a natural organizational home, and this has been true in Hawai'i. Since its inception in 2003, HAP has been coordinated on a part-time basis by the EOA planner, Shirely Kidani, who had many other duties. But EOA is not a direct service provider, and could not coordinate CDSMP. Currently, Maui AAA and Honolulu AAA are coordinating CDSMP in their respective counties, and May Fujii-Foo invites Maui to attend its CDSMP working group. However, the county AAAs and their respective County Partnerships for Healthy Aging are not statewide organizations nor are they service providers. Thus, we propose to support a statewide coordinator for CDSMP, and ALU LIKE Inc. is proposed for this role (see next section). We also propose to use NCOA funds to support a full-time marketer/educator, based at EOA, who can coordinate HAP and lead us in actualizing diversified, long-term financing to sustain CDSMP.

Although we initially brought both HMSA (Hawai'i's Blue Cross/Shield) and Kaiser-Permanente to the HAP Steering Committee, they are waiting to see our CDSMP 6-month outcome data before considering further commitment. We will have these data by summer 2008.

We also need to develop a Strategic Plan for Sustainability. These activities (sharing outcomes data, expanding HAP membership, and developing the Strategic Plan for Sustainability) are objectives for Year 3 of the AoA grant.

D. Proposed Approach, Rationale, Activities, and Work Plan
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Here, we describe our approach for taking CDSMP statewide so that at least 80% of older adults will have local access and we can serve 1,360 by 2011 and another 2,000 by 2016. As noted above, our excellent **Statewide Coalition** HAP already includes members from EOA, DOH, AAA, service providers, and UH. In 2008, HAP will garner new members selected for their ability to help us sustain CDSMP in Hawai'i. Although this activity is named as an AoA Year 3 objective, the Sustainability Grant will allow EOA to hire for one year a full-time HAP consultant who will be an expert in marketing health programs, garnering media attention, identifying funding opportunities, educating policy-makers, and promoting the cost-benefit of CDSMP to insurers. These are specialized skills that we currently do not have in our coalition.

As a first step toward assuring financial sustainability, in January 2008 EOA Director Noemi Pendleton awarded \$30,000 in state funds to facilitate the development of a 2008 Strategic Plan for Sustainability of HAP's EB programs (CDSMP and EF). The strategic planning process will occur May through December 2008. A UH consultant has been engaged to lead HAP to review its accomplishments against its 2004 Strategic Plan, to assess current opportunities and threats, and to identify strategic objectives that will help us achieve diversified, long-term **Financing** to sustain CDSMP and EF. We will explore the possibility of permanent state funding for the program, e.g., through tobacco trust funds and/or legislative earmark. Other sources that will be considered in our quest for financial sustainability include our three major insurers—MedQuest (Hawai'i's Medicaid program), Kaiser-Permanente, and HMSA (Hawai'i's

Blue Cross/Shield); charitable organizations (e.g., the HMSA Foundation); educational institutions (e.g., community colleges, UH land grant, and the UH Osher Lifelong Learning Institute); and assisted living facilities. The Marketer/Educator hired on the Sustainability Grant will be a great help to HAP as we develop our Strategic Plan and carry-out our strategic objectives for financial sustainability.

Another activity of HAP will be to develop and promote language for **Organizational Mission** statements. For example, already the State Aging Plan 2008-2011 identified Healthy Aging as 1 of 6 major issues of concern and calls for expansion of EB health promotion programs for older adults. This language, as is or refined, will be shared with other organizations to include in their mission statements.

To date, **Program Champions** have been easy to develop, especially among government workers and providers in aging and public health. We already are beginning to build Champions in programs targeting individuals with diabetes and arthritis, and we believe we can build Champions in Hawai'i's 14 Community Health Centers and 5 Native Hawaiian Health Care Systems, all of which serve disadvantaged populations. Our next step is to build Champions in the Legislature, among health insurers, and in the media. Our full-time Marketer/Educator will target these areas.

One Champion, ALU LIKE, has stepped forward to help coordinate CDSMP statewide. Using funds from the Year 3 AoA grant, a substance-abuse prevention grant that ALU LIKE has secured from DOH, and the Sustainability Grant, we will support Leslie Tanoue at 1.00 FTE to:

- 1) assure that the state provides 170 CDSMP offerings over 3 years, to include major population centers in all 4 counties; 2) lead the training of at least 20 MTs and 30 LLs each year; 3) work with evaluators to assure that CDSMP is implemented in accordance to the Stanford curriculum,

that fidelity is monitored, and that patient data are collected (including attendance, baseline data on the client, satisfaction data, and 6-month follow-up data); and 4) maintain communication among all partners.

Training of new MTs and LLs is critical. As noted above, Hawai'i is geographically isolated and comprised of many rural and hard-to-reach communities. State funds have been secured to bring Stanford to Hawai'i in June 2008 to train more MTs and to allow our 2 MTs in ALU LIKE (Leslie and Liz) to apprentice as T-Trainers. By June 2008, we should have 40 MTs and 30 LLs across the state. Of course, not all will lead their requisite 2 CDSMP cycles within 6 months of MT training, some certified LLs and MTs will retire or change jobs, LLs who are volunteers may move on to other things, and LL who do well may retrain as MTs. Thus, once we have established our own T-Trainers, we will be able to offer at least 1 MT training per year. We also will support the development of 2 more T-Trainers in 2009. See Table 3 for our projected distribution of TTs, MTs, and LLs by the end of 2011.

Registries of MT and LL for CDSMP have been maintained by the UH Evaluation Team. This Registry will grow in value as we train more MT and LL. For Sustainability, the Registry will move from UH to ALU LIKE in mid-2009, so that ALU LIKE will be able to coordinate/track both "supply" (MT/LL) and the "demand" (participant) activities.

As noted above, the UH Evaluation Team has developed a **QI System**. This includes databases for tracking MT, LL, provider agencies, CDSMP cycles, and participants. It also developed an evaluation protocol for collecting baseline, attendance, post-cycle satisfaction, and 6-month outcome data (including consent forms and data collection instruments). With the CDSMP providers, under the leadership of May Fujii-Foo, a CDSMP Fidelity Protocol was developed in 2007. It outlines rules for the monitoring of new MTs (every session for the first

cycle offered) and for the teaming of LL with MT. Self-evaluation forms and outside-evaluation forms are in use, and fidelity data are tracked. Individuals who are not rated highly during their first two cycles are required to retake the MT course. Already, fidelity findings have been shared with HAP and its subcommittees to guide program improvements. For example, findings from Fidelity Monitoring of CDSMP trainers in fall 2007 identified some “poorer quality” trainers, who were counseled; one was asked to retake CDSMP. For Sustainability, the coordination of instruments, protocols, and database will be transferred to ALU LIKE in mid-2009.

HAP has 2 mechanisms in place to identify Regulatory and Legislative Targets of Opportunity. First is the Strategic Planning for Sustainability initiative scheduled for May-October 2008. The other is the engagement of the Marketer/Educator who will be expert in marketing, promotion, and fiscal thinking and able to draw more attention to our program from our State legislature. With our CDSMP outcome data, we can educate state policy makers about the benefits of health promotion programs for older adults and support the expansion of the state’s Kupuna (Elder) Care program to include an evidence-based healthy aging component.

E. Goals, Objectives, and Evaluation

GOAL 1. Fully embed CDSMP in all 4 counties

Objective 1.1. By the end of Year 1, continue CDSMP in the City and County of Honolulu and in Maui County (on the islands of Maui, Moloka`i, and Lana`i) and establish CDSMP in the remaining 2 counties – Hawai`i County and Kaua`i County

Objective 1.2. Increase our T-Trainer pool to 2 by the end of Year 1 and 4 by the end of Year 2.

Objective 1.3. Increase our MT pool to 40 by the end of Year 1, 60 by the end of Year 2, and 80 by the end of Year 3, with a proportional distribution across the counties (Table 3).

Objective 1.4. Increase our LL pool to 30 by the end of Year 1, 40 by the end of Year 2, and 50 by the end of Year 3, with a proportional distribution across the counties (Table 3).

GOAL 2. Enroll another 1,360 older adults statewide.

Objective 2.1. Offer 40 CDSMP cycles by the end of Year 1, another 55 in Year 2, and another 75 in Year 3, with a proportional distribution across the counties (Table 3).

Objective 2.2. Graduate at least 8 seniors per CDSMP cycle, for a total of 320 participants at the end of Year 1, another 440 at the end of Year 2, and 600 at the end of Year 3, for a total of 1,360 seniors across the state (Table 3).

Table 3. Trainers, CDMSP Cycles, and Participants over 3 Years					
		Year 1	Year 2	Year 3	total
City and County of Honolulu					
• O'ahu island	MT	20	30	40	40
	cycles	20	25	35	80
	participants	160	200	280	640
Maui County					
• Maui island	MT	10	14	18	18
	cycles	10	14	18	42
	participants	80	112	144	336
• Moloka'i and Lana'i islands	MT	4	6	8	8
	cycles	4	6	8	15
	participants	32	48	64	144
Hawai'i County					
• Big Island	MT	4	6	8	8
	cycles	4	6	8	18
	participants	32	48	64	144
Kaua'i County					
• Kaua'i island	MT	2	4	6	6
	cycles	2	4	6	15
	participants	16	32	48	96
Total	MT	40	60	80	80
	TT	2	4	4	4
	LL	30	40	50	50
	cycles	40	55	75	170
	participants	320	440	600	1360

(Note that we project that at least 8 new elders will enroll in each of 170 CDSMP sessions held over 3 years. However, we will not cap enrollment at 8. Rather, we will allow groups up to 16 participants; additional participants may be under 60 years of age or may be “repeaters.” We decided to allow repeaters because Hawai‘i culture places a huge emphasis on non-exclusion (everyone is welcome) and because we know that repeaters will be our biggest advocates and bring their friends. We will allow elders to repeat CDSMP with these “rules:” 1) enrollment priority will be given to new participants over repeaters and, secondly, to repeaters who bring a new elder to CDSMP; 2) repeaters will comprise less than half the members of any CDSMP group; 3) an elder cannot repeat CDSMP until after his/her 6-month follow-up data are collected; 4) an elder can enroll in CDSMP only once each year; and 5) unless other funds or student help are secured, 6-month follow-up data will only be collected after the first enrollment.)

GOAL 3. Achieve strategic objectives from our 2008 Strategic Plan for Sustainability to realize diversified, long-term financing to sustain CDSMP and enable us to reach an additional 2,000 elders by 2016.

Objective 3.1. Develop Strategic Plan for Sustainability by December 2008. (NOTE: this is already being funded with \$30,000 in state funds from EOA and also is an objective under the Year 3 AoA grant.)

Objective 3.2. By July 1, hire a consultant called a Marketer/Educator who is expert in marketing health programs, garnering media attention, identifying funding opportunities, educating policy-makers, and promoting the cost-benefit of CDSMP to insurers.

Objective 3.3. By October 2008, outline a work plan based on the Strategic Plan for Sustainability for the Marketer/Educator that includes specific steps to market CDSMP, to

educate Legislators, insurers, and other funders, and to follow-up on Strategic Objectives for financial sustainability.

Objective 3.4. By July 2009, have secured sufficient cash match for Years 2 and 3 of the Sustainability Grant (NOTE: we have projected sufficient match from inkind and some cash, but we will concurrently pursue avenues of state and insurer support.)

Objective 3.5. By the end of Year 1, expand HAP to include representatives from the Legislature, insurers, and media, as outlined in our Strategic Plan for Sustainability.

Objective 3.6. Hold 10 HAP statewide meetings per year for purposes of guiding CDSMP and realizing the Strategic Objectives for financial sustainability relevant to the state.

Objective 3.7. Support the 4 counties in holding 6 County Partnership meetings per year for purposes of guiding EB health promotion programming in their counties and realizing Strategic Objective for financial sustainability relevant to the counties.

GOAL 4. Work with NCOA to promote system changes that justify benefits of EB health promotion for older adults and support nationwide access to them.

Objective 4.1. Send 4 HAP members/year to Sustainability Grantee meeting in Washington DC.

Objective 4.2. Participate in NCOA Sustainability Conference Calls.

Objective 4.3. Collect data on providers, trainers, cycles, and participants using data collection instruments from NCOA. (NOTE: We currently collect data according to our CDSMP evaluation plan, shown on page 24).

Objective 4.4. Collect data to track impact of capacity-building efforts on members of our statewide HAP and members of the County Partnerships for Healthy Aging.

F. Shared Learning and Dissemination

Hawai`i HAP has participated in shared learning initiatives with other states, as well as within our state. For example:

- Hawai`i shared its IRB application and consent forms with the NCOA evaluation contractor and with other states who requested our help.
- Hawai`i shared its CDSMP Fidelity Protocol (which outlines procedures for monitoring MT and LL fidelity to CDSMP implementation, revising data, and taking corrective action) at the January 2008 Grantee Meeting.
- Hawai`i participates on the Measures of Success (MOS) workgroup and is capturing CDSMP outcome data from participants 6 months after they complete a CDSMP cycle.
- Hawai`i brings Asian and Pacific Islander diversity to the national project. CDSMP cycles have targeted centers serving low-income, immigrant, and otherwise vulnerable populations. For example, Native Hawaiians have shorter-than-average life expectancy and higher-than-average prevalence of obesity, diabetes, hypertension, and other chronic conditions. New immigrants represent another vulnerable group. To date, 49% of CDSMP participants have been Native Hawaiian or Pacific Islander, 24% have been Filipino, 18% have been Japanese, and 17% have been Caucasian.
- Hawai`i brings skills in materials development and dissemination. Recruitment materials include a flier and PowerPoint presentation. We have shared presentations about our Coalition, Lessons Learned from Implementation, and Fidelity Monitoring with national audiences, including the American Society on Aging and the American Evaluation Association. We have submitting one manuscript and are working on a second.

- Members of our partnership have shared information about the Healthy Aging program at national and international conferences including the ASA, AEA, and currently at an international meeting on active aging in Japan.

G. Project Management and Partnerships

Statewide Partners

EOA will: 1) oversee and administer the grant; 2) coordinate with partners in meeting the goals and objectives of the grant; 3) serve as chair and staff to the statewide HAP, which will realize the Strategic Objectives for financial sustainability; 4) execute and monitor contracts; 5) and 6) prepare all necessary reports for NCOA.

DOH's Community Health Division will: 1) work closely with EOA to develop infrastructure and partnerships to effectively embed EB programs for the elderly; 2) coordinate with EOA to meet the goals and objectives of the grant; 3) co-chair the statewide HAP; 4) assign 4 health educators (1/county) to lead CDSMP; 5) help realize the Strategic Objectives for financial sustainability, including co-funding through their Diabetes, Arthritis, and other Chronic Disease programs.

The County AAAs in Honolulu, Maui, Kaua'i, and Hawai'i will send representatives to the HAP Steering Committee, and actively participate in overall progress toward goals and objectives, evaluation and fidelity, dissemination, and financial sustainability.

ALU LIKE's *Ke Ola No Na Kupuna* program will provide statewide coordination of CDSMP. They are committing a qualified 1.0 FTE staff to: 1) organize a minimum of 170 CDSMP cycles over 3 years; 2) lead the training to MT and LL (based on the schedule and distribution outlined in the objectives); 3) assure that CDSMP is implemented in accordance with the Stanford curriculum and that patient data are collected (including attendance, baseline data

on the client, satisfaction data, and 6-month follow-up data); and 4) maintain communication with partners in the program.

University of Hawai'i (UH) Center on Aging will provide evaluation services. Under Year 3 of the AoA grant, the UH team includes a professor and a 50% time Graduate Assistant who serve on the statewide HAP. They will maintain the registry and datasets for CDSMP and train ALU LIKE Inc to take these over in Years 2 and 3 of the Sustainability Grant.

Honolulu County Partners

EAD, Honolulu's AAA, will: 1) staff the Honolulu County Partnership for Healthy Aging; 2) maintain relationships with OAA-funded and other providers who will deliver CDSMP; 3) support fidelity monitoring and program evaluation; and 4) submit reports to ALU LIKE and EOA as appropriate.

Kokua Kalihi Valley will participate on Honolulu County's Partnership for Healthy Aging, work with ALU LIKE to offer MT training, identify professionals and lay members for CDSMP training, have each of its MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

Other Already-Participating Providers (Child and Family Services, Lanakila Meals on Wheels, and Kapi'olani Community College) will participate on Honolulu County's Partnership for Healthy Aging, work with ALU LIKE to offer MT training, identify professionals and lay members for CDSMP training, have each of their MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

New Partners now being approached to join the Honolulu County Partnership for Healthy Aging, identify professionals and lay members for CDSMP training, have each of their MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data include: Ke Ola

Mamo Native Hawaiian Health Care System, Castle Medical Center, and Koolauloa Wellness Center. These partners would each commit \$500 to purchase their own CDSMP license. DOH Personnel on O'ahu who also will participate as new partners include the Diabetes Health Educator and staff hired on the Arthritis Grant.

Hawai'i County Partners

Hawai'i County's AAA, will: 1) staff the Hawai'i County Partnership for Healthy Aging; 2) maintain relationships with OAA-funded and other providers who will deliver CDSMP; 3) support fidelity monitoring and program evaluation; and 4) submit reports to ALU LIKE and EOA as appropriate.

Alu Like's Big Island Offices will participate on the Hawai'i County Partnership for Healthy Aging, offer MT training, identify professionals and lay members for CDSMP training, have each of its MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

The Hawai'i District DOH will commit its Health Educator in Kona who will participate on the Hawai'i County Partnership for Healthy Aging, identify professionals and lay members for CDSMP training, train as an MT herself and offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

New Partners now being approached to join the Hawai'i County Partnership for Healthy Aging, identify professionals and lay members for CDSMP training, have each of their MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data include: Ka'u Rural Health Community Association, Tutu's House, the Bay Clinic, and the YMCA. These partners would each commit \$500 to purchase their own CDSMP license.

Kaua'i County Partners

Kaua'i County's AAA will: 1) staff the Kaua'i County Partnership for Healthy Aging; 2) maintain relationships with OAA-funded and other providers who will deliver CDSMP; 3) support fidelity monitoring and program evaluation; and 4) submit reports to ALU LIKE and EOA as appropriate.

Alu Like's Kaua'i Offices will participate on the Kaua'i County Partnership for Healthy Aging, offer MT training, identify professionals and lay members for CDSMP training, have Kaua'i MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

The Kaua'i District DOH will commit its Health Educator in Lihue who will participate on the Kaua'i County Partnership for Healthy Aging, identify professionals and lay members for CDSMP training, train as a MT herself and offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

New Partners now being approached to join the Kaua'i County Partnership for Healthy Aging, identify professionals and lay members for CDSMP training, have each of their MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data include: Kaua'i Diabetes Today, Ho'ola Lahui Hawai'i Native Hawaiian Health Care System, and the two branches of the Kaua'i Community Health Center. These partners would each commit \$500 to purchase their own CDSMP license.

Maui County Partners

Maui County's AAA will: 1) staff the Maui County Partnership for Healthy Aging; 2) maintain relationships with OAA-funded and other providers who will deliver CDSMP; 3) support fidelity monitoring and program evaluation; and 4) submit reports to ALU LIKE and EOA as appropriate.

Alu Like's Maui County Offices will participate on the Maui County Partnership for Healthy Aging, offer MT training, identify professionals and lay members for CDSMP training, have Maui, Moloka'i, and Lana'i MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

The Maui District DOH will commit its Health Educator in Kahului who will participate on the Maui County Partnership for Healthy Aging, identify professionals and lay members for CDSMP training, train as a MT herself and offer 2 CDSMP cycles per years, and gather fidelity and outcome data.

New Partners now being approached to join the Maui County Partnership for Healthy Aging, identify professionals and lay members for CDSMP training, have each of their MTs offer 2 CDSMP cycles per years, and gather fidelity and outcome data include: Kaiser-Maui, Hale Mahaolu Senior Housing and Services, Kaunoa Senior Center, Hui No Ke Ola Pono, Na Puuwai, and Molokai General Hospital. Each partner would each commit \$500 to purchase their own CDSMP license.

H. Organizational Capability

As lead agency, EOA has the infrastructure to manage the grant, to execute and monitor contracts with partners, to disperse and account for funds, and prepare the reports required with federal grants. EOA's annual budget is \$13,887,345, which includes grants from AoA and other federal programs (e.g., U.S. Administration on Aging and Centers for Medicare and Medicaid Services). EOA also has managed grants from private foundations (e.g., from the Robert Wood Johnson Foundation, Archstone Foundation, and Brookdale Foundation's Relatives as Parents Program).

Similarly, the participating AAA have administrative infrastructure to staff their County Partnerships for Healthy Aging, support their OAA-funded providers in offering CDSMP, working with ALU LIKE as the statewide CDSMP coordinator, identifying and supporting new partners, and helping the statewide HAP realize Strategic Objectives for financial sustainability.

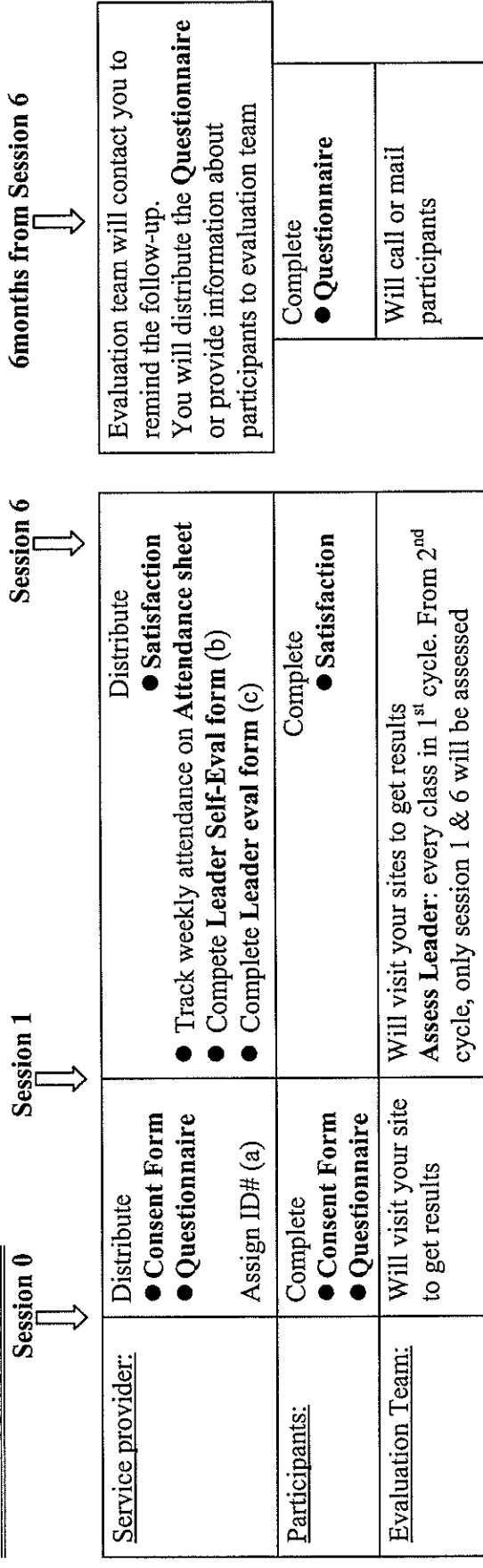
Most importantly, and as noted above, EOA and AAA staff members assigned to **HAP-EE** have all been involved in HAP since 2003, participating in HAP's establishment, strategic planning, training opportunities, and project dissemination. On the county levels, AAA staff members have organized their own HAP coalitions, sponsored training for their partners, and worked together on the AoA Empowering Elders grant. We know that these individuals are committed to the long-term stability and sustainability of CDSMP in Hawai'i.

The mission of **DOH** is to protect and improve the health and environment for all people in Hawai'i . It operates public health programs in three areas—health resources, behavioral health, and environmental health. Included under its health resources administration is the Community Health Division (CHD), which includes Public Health Nursing, Chronic Disease (within which the county Health Educators operate), Nutrition and Physical Activity, Diabetes, Cancer, Tobacco, and Bilingual Health Services. Most CHD branches secure and manage extramural funds for programs to prevent and control disease, e.g., the diabetes program receives \$350,000+ per year and the tobacco program manages \$1.9 million per year. All branches of CHD are supportive of CDSMP and HAP, and we continue to find ways to collaborate.

ALU LIKE has considerable experience implementing CDSMP and monitoring fidelity of its implementation. It is a non-profit organization committed to helping Native Hawaiians in achieving their potential. Its Elderly Service Program, Ke Ola Pono No Nā Kūpuna (Good Health and Living for the Elderly) program, funded under OAA Title VI, provides congregate

and home delivered meals and supportive services to Native Hawaiians age 60 and older on the islands of O`ahu, Hawai`i, Maui, Kaua`i, and Moloka`i. Already, 4 ALU LIKE staff on O`ahu have been trained as MTs. In November-December 2007, ALU LIKE trained 9 staff from O`ahu, Kaua`i, Moloka`i, and Hawai`i as LL. ALU LIKE has held five CDMPS 6-week cycles for 60 elders on O`ahu. All MTs were assessed by a University of Hawai`i evaluator for program fidelity and compliance to data requirements. Two MTs are ready to apprentice as TT, and this is scheduled for June 2008. ALU LIKE obtained a 3-year CDSMP license May 15, 2007.

Evaluation Plan for CDSMP



(a) If a participant attends the class more than once, please make sure the participant has the same ID.

- (b) **Leader self-eval form** - complete it after EVERY class in 1st and 2nd cycle. From 3rd cycle, complete it only at the LAST session
- (c) **Leader eval form** - complete it by Master trainer (or experienced lay leader) EVERY class in 1st cycle. From 2nd cycle, complete it only at the FIRST and LAST sessions.

ID issue: Unique ID # consists of

Island	Program	Agency	Site	Date	Participant #
O (Oahu)	CD (CDSMP)	AL (Alu Like)	Waima (Waimanalo), KPT (KPT), Nana (Nanakuli), Papa (Papakolea)	071607 (July 16 th , 2007)	1-20 or more
Mau (Maui)		KP (Kaiser)	Wailu (Wailuku), Gul (Gulick)		
Mo (Molokai)		KCC	Kauna (Kaunakakai), Kaunoa	070907 (July 9 th , 2007)	
H (Hawaii)		KKV	(Kaunoa), KNui (Kahala Nui)		
K (Kauai)		MCOA	KapaSC (Kapahulu S. Center)		
L (Lanai)		LA (Lanakila)	Etc.		
		CFS			

Examples:

- O-CD-ALWaima-071007-001, O-CD-ALNana-071107-001, O-CD-ALPapa-082307-001

APPENDIX C: Work Plan Template (Complete a Work Plan for each project Year.)

Goal 1: Fully embed CDSMP in all 4 counties														
Measurable Outcome(s): By the end of Year 1, CDSMP will be operating in all 4 counties of our state, we will have 40 MT and 30 LLs distributed across all 4 counties, and we will have 2 T-Trainers in the state.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 1.1. By end of Year 1, offer CDSMP in 4 counties	1.1.1. Start CDSMP on Kaua`i	Tanoue of Alu Like to work AAA partners Sugihara (Kaua`i) Fukunaga (Big Island), Fujii-Foo (Honolulu), and Reyes (Maui)				X	X			X	X			
	1.1.2. Start CDSMP on the Big Island							X	X			X	X	
	1.1.3. Maintain CDSMP in Honolulu and Maui Counties		X	X	X	X	X	X	X	X	X	X	X	X
Obj 1.2. Increase our T-Trainer pool to 2 by the end of Year 1.	1.2.1. Host Stanford MT training in June, at which Tanoue and Meahl will apprentice as T-Trainers	Tanoue and Meahl		X										
Obj 1.3. Increase our MT pool to 40 by end of Year 1.	1.3.1. Host Stanford MT training in June, at which 20 more MTs will be trained.	Fujii-Foo, Tanoue, Meahl		X										
Obj 1.4. Increase our LL pool to 30 by end of Year 1.	1.4.1 Complete 2 LL trainings by May 2008, each attended by 10 LLs.	Tanoue and Meahl	X											
Goal 2: Enroll 1,360 older adults statewide.														
Measurable Outcome(s): By the end of Year 1, 40 CDSMP will be offered and 320 new elders will complete CDSMP.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
2. Obj 2.1. Offer 40 CDSMP cycles by end of Year 1.	2.1.1. Offer 2 CDSMP cycles in Kauai County.	Tanoue of Alu Like to work with Sugihara (Kaua`i) Fukunaga (Big Island), Fujii-Foo (Honolulu), and Reyes (Maui)					X	X			X	X		
	2.1.2. Offer 4 CDSMP cycles on Big Island				X	X		X	X		X	X	X	X
	2.1.3 Offer 20 CDSMP cycles in Honolulu.		X	X	X	X	X	X		X	X	X	X	X
	2.1.4 Offer 14 CDSMP cycles in Maui County.		X	X	X	X	X	X	X		X	X	X	X

Obj 2.2. Graduate at least 8 new seniors per CDSMP cycle, for a total of 320 participants at the end of Year 1	2.2.1 Enroll at least 9 new seniors per cycle.	Tanoue of Alu Like to work with Sugihara (Kaua`i) Fukunaga (Big Island), Fujii-Foo (Honolulu), and Reyes (Maui)	X	X	X	X	X	X	X	X	X	X	X	X
	2.2.2. Graduate at least 8 new seniors per cycle.		X	X	X	X	X	X	X	X	X	X	X	X
Goal: 3. Achieve strategic objectives from our 2008 Strategic Plan for Sustainability to realize diversified, long-term financing to sustain CDSMP and enable us to reach an additional 2,000 elders by 2016.														
Measurable Outcome(s): By December, the Strategic Plan will be completed and serving as a workplan for the Marketer/Educator and HAP.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 3.1. Develop Strategic Plan for Sustainability by December 2008.	3.1.1. Design Strategic Planning process	Braun/Clinton	X											
	3.1.2 Conduct Strategic Planning process			X	X	X	X	X						
	3.1.3. Produce Strategic Plan							X	X	X				
Obj 3.2. By July 1, hire Marketer/ Educator	3.2.1. Advertise position	Pendleton	X	X										
	3.2.2. Hire position				X									
Obj 3.3. By Oct 1, outline workplan based on Strategic Plan for Marketer/ Educator	3.3.1. Produce Strategic Plan							X						
Obj 3.4. By July, secure cash match for Years 2- 3	Year 2													
Obj 3.5. By end of Year 1, add HAP members from Legislature, media, insurers.	3.5.1 Identify potential new members	Pendleton		X	X	X	X	X						
	3.5.2 Invite new members				X	X	X	X	X	X	X	X	X	
	3.5.3 Retain new members							X	X	X	X	X	X	
Obj 3.6. Hold 10 HAP meetings per year.	3.6.1 Prepare/disseminate agenda	Noemi Pendleton	X	X	X		X	X	X		X	X	X	X
	3.6.2 Conduct meeting													
	3.6.3 Prepare/distribute minutes													

Obj 3.7. Support the 4 counties to hold 6 County Partnership meetings per year	3.6.1 Prepare/disseminate agenda 3.6.2 Conduct meeting 3.6.3 Prepare/distribute minutes	Planners in 4 county AAAs	X		X		X		X		X		X	
Goal 4: Work with NCOA to promote system changes that justify benefits of EB health promotion for older adults and support nationwide access to them.														
Measurable Outcome(s): By the end of Year 1, HAP will have contributed in 3 ways to NCOA's efforts.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 4.1. Send 4 HAP members to Grantee meeting in DC.	4.1.1 Send 4 HAP members to DC	Pendleton				X								
Obj 4.2. Participate in Grantee Conference Calls.	4.2.1 Participate in calls	Pendleton	X		X		X		X		X		X	
Obj 4.3. Collect data on providers, trainers, cycles, and participants.	4.3.1. Collect data on trainers	Eval Team and Alu Like		X										
	4.3.2. Collect data on fidelity			X	X	X	X	X	X	X	X	X	X	X
	4.3.3. Collect baseline data on participants		X	X	X	X	X	X	X	X	X	X	X	X
	4.3.4. Collect follow-up data on participants		X	X	X	X	X	X	X	X	X	X	X	X
Obj 4.4. Collect data on enhanced capacity of HAP members	4.4.1. Collect data from HAP members	Eval Team and Pendleton			X									

Year 2

Goal 1: Fully embed CDSMP in all 4 counties														
Measurable Outcome(s): By the end of Year 2, CDSMP will be operating in all 4 counties of our state, we will have 60 MT and 40 LLs distributed across all 4 counties, and we will have 4 T-Trainers in the state.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 1.1. By end of Year 2, maintain CDSMP in 4 counties	1.1.1. Maintain CDMSP in all counties	Tanoue of Alu Like to work AAA partners Sugihara (Kaua`i) Fukunaga (Big Island), Fujii-Foo (Honolulu), and Reyes (Maui)	X	X	X	X	X	X	X	X	X	X	X	X
Obj 1.2. Increase our T-Trainer pool to 4 by the end of Year 2.	1.2.1. Send 2 MT to Stanford to train as T-Trainers	Tanoue and Meahl		X										
Obj 1.3. Increase our MT pool to 60 by end of Year 2.	1.3.1. Host MT training in June, at which 20 more MTs will be trained.	Fujii-Foo, Tanoue, Meahl		X										
Obj 1.4. Increase our LL pool to 30 by end of Year 2.	1.4.1 Complete 3 LL trainings by May 2008, each attended by 10 LLs.	Tanoue and Meahl	X											
Goal 2: Enroll 1,360 older adults statewide.														
Measurable Outcome(s): By the end of Year 2, 55 more CDSMP cycles will be offered and 440 new elders will complete CDSMP.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
2. Obj 2.1. Offer 55 CDSMP cycles by end of Year 1.	2.1.1. Offer 4 CDSMP cycles in Kauai County.	Tanoue of Alu Like to work with	X	X		X	X		X	X		X	X	
	2.1.2. Offer 6 CDSMP cycles on Big Island	Sugihara (Kaua`i)	X	X		X	X		X	X		X	X	
	2.1.3 Offer 25 CDSMP cycles in Honolulu.	Fukunaga (Big Island), Fujii-Foo	X	X	X	X	X	X	X	X	X	X	X	X
	2.1.4 Offer 20 CDSMP cycles in Maui County.	(Honolulu), and Reyes (Maui)	X	X	X	X	X	X	X	X	X	X	X	X

Obj 2.2. Graduate at least 8 new seniors/CDSMP cycle, for a total of 440 participants by end of Year 2	2.2.1 Enroll at least 9 new seniors per cycle.	Tanoue of Alu Like to work with Sugihara (Kaua`i) Fukunaga (Big Island), Fujii-Foo (Honolulu), and Reyes (Maui)	X	X	X	X	X	X	X	X	X	X	X	X
	2.2.2. Graduate at least 8 new seniors per cycle.		X	X	X	X	X	X	X	X	X	X	X	X
Goal: 3. Achieve strategic objectives from our 2008 Strategic Plan for Sustainability to realize diversified, long-term financing to sustain CDSMP and enable us to reach an additional 2,000 elders by 2016.														
Measurable Outcome(s): By the end of Year 2, HAP will have met at least 2 strategic objectives for financial sustainability.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 3.1. Develop Strategic Plan for Sustainability by December 2008.	Year 1													
Obj 3.2. By Jul 1, hire Marketer/ Educator	Year 1													
Obj 3.3. By Oct 1, outline workplan for Marketer/ Educator.	Year 1													
Obj 3.4. By July 2009, secure sufficient cash match for Years 2 and 3 of Grant	3.4.1 Follow-through with legislative bills and other fund raising efforts		X	X	X									
Obj 3.5. By end of Year 2, add more HAP members from Legislature, media, insurers.	3.5.1 Identify potential new members 3.5.2 Invite new members 3.5.3 Retain new members	Pendleton	X	X	X	X X	X X	X X	X X		X	X	X	X
Obj 3.6. Hold 10 HAP meetings per year.	3.6.1 Prepare/disseminate agenda 3.6.2 Conduct meeting 3.6.3 Prepare/distribute minutes	Noemi Pendleton	X	X	X		X	X	X		X	X	X	X
Obj 3.7. Support the 4 counties to	3.6.1 Prepare/disseminate agenda 3.6.2 Conduct meeting	Planners in 4 county AAAs	X		X		X		X		X		X	

hold 6 County Partnership meetings per year	3.6.3 Prepare/distribute minutes													
Goal 4: Work with NCOA to promote system changes that justify benefits of EB health promotion for older adults and support nationwide access to them.														
Measurable Outcome(s): By the end of Year 2, HAP will have contributed to NCOA's efforts to sustain CDSMP nationally.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 4.1. Send 4 HAP members to Grantee meeting in DC.	4.1.1 Send 4 HAP members to DC	Pendleton				X								
Obj 4.2. Participate in Grantee Conference Calls.	4.2.1 Participate in calls	Pendleton	X		X		X		X		X		X	
Obj 4.3. Collect data on providers, trainers, cycles, and participants.	4.3.1. Collect data on trainers	Eval Team and Alu Like		X										
	4.3.2. Collect data on fidelity			X	X	X	X	X	X	X	X	X	X	X
	4.3.3. Collect baseline data on participants		X	X	X	X	X	X	X	X	X	X	X	X
	4.3.4. Collect follow-up data on participants		X	X	X	X	X	X	X	X	X	X	X	X
Obj 4.4. Collect data on enhanced capacity of HAP members	4.4.1. Collect data from HAP members	Eval Team and Pendleton			X									

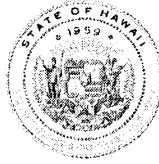
Year 3

Goal 1: Fully embed CDSMP in all 4 counties														
Measurable Outcome(s): By the end of Year 3, CDSMP will be operating in all 4 counties of our state, we will have 80 MT and 50 LLs distributed across all 4 counties, and we will have 4 T-Trainers in the state.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 1.1. By end of Year 3, maintain CDSMP in 4 counties	1.1.1. Maintain CDMSP in all counties	Tanoue of Alu Like to work AAA partners Sugihara (Kaua`i) Fukunaga (Big Island), Fujii-Foo (Honolulu), and Reyes (Maui)	X	X	X	X	X	X	X	X	X	X	X	X
Obj 1.2. Increase our T-Trainer pool to 4 by the end of Year 2.	Year 2													
Obj 1.3. Increase our MT pool to 80 by end of Year 3.	1.3.1. Host MT training in June, at which 20 more MTs will be trained.	Fujii-Foo, Tanoue, Meahl		X										
Obj 1.4. Increase our LL pool to 40 by end of Year 3.	1.4.1 Complete 3 LL trainings by May 2008, each attended by 10 LLs.	Tanoue and Meahl	X											
Goal 2: Enroll 1,360 older adults statewide.														
Measurable Outcome(s): By the end of Year 3, 75 more CDSMP cycles will be offered and 600 new elders will complete CDSMP.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
2. Obj 2.1. Offer 75 CDSMP cycles by end of Year 1.	2.1.1. Offer 6 CDSMP cycles in Kauai County.	Tanoue of Alu Like to work with	X	X	X	X	X	X	X		X	X	X	X
	2.1.2. Offer 8 CDSMP cycles on Big Island	Sugihara (Kaua`i)	X	X	X	X	X	X	X		X	X	X	X
	2.1.3 Offer 35 CDSMP cycles in Honolulu.	Fukunaga (Big Island), Fujii-Foo	X	X	X	X	X	X	X	X	X	X	X	X
	2.1.4 Offer 26 CDSMP cycles in Maui County.	(Honolulu), and	X	X	X	X	X	X	X	X	X	X	X	X

		Reyes (Maui)												
Obj 2.2. Graduate at least 8 new seniors/CDSMP cycle, for a total of 600 participants by end of Year 3.	2.2.1 Enroll at least 9 new seniors per cycle.	Tanoue of Alu	X	X	X	X	X	X	X	X	X	X	X	X
	2.2.2. Graduate at least 8 new seniors per cycle.	Like to work with Sugihara (Kaua'i) Fukunaga (Big Island), Fujii-Foo (Honolulu), and Reyes (Maui)	X	X	X	X	X	X	X	X	X	X	X	X
Goal: 3. Achieve strategic objectives from our 2008 Strategic Plan for Sustainability to realize diversified, long-term financing to sustain CDSMP and enable us to reach an additional 2,000 elders by 2016.														
Measurable Outcome(s): By the end of Year 3, HAP will have met 80% of its strategic objectives for financial sustainability.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 3.1. Develop Strategic Plan for Sustainability by December 2008.	Year 1													
Obj 3.2. By Jul 1, hire Marketer/ Educator	Year 1													
Obj 3.3. By Oct 1, outline workplan for Marketer/ Educator	Year 1													
Obj 3.4. By July 2011, achieve financial sustainability to continue CDSMP	3.4.1 Follow-up on legislative action and fund raising efforts.		X	X	X									
Obj 3.5. By end of Year 2, add more HAP members from Legislature, media, insurers.	3.5.1 Identify potential new members 3.5.2 Invite new members 3.5.3 Retain new members	Pendleton	X	X	X	X	X	X	X	X	X	X	X	X
Obj 3.6. Hold 10 HAP meetings per year.	3.6.1 Prepare/disseminate agenda 3.6.2 Conduct meeting 3.6.3 Prepare/distribute minutes	Noemi Pendleton	X	X	X		X	X	X		X	X	X	X
Obj 3.7. Support	3.6.1 Prepare/disseminate agenda	Planners in 4	X		X		X		X		X		X	

the 4 counties to hold 6 County Partnership meetings per year	3.6.2 Conduct meeting 3.6.3 Prepare/distribute minutes	county AAAs												
Goal 4: Work with NCOA to promote system changes that justify benefits of EB health promotion for older adults and support nationwide access to them.														
Measurable Outcome(s): By the end of Year 3, HAP will have contributed to NCOA's success at sustaining CDSMP nationally.														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
Obj 4.1. Send 4 HAP members to Grantee meeting in DC.	4.1.1 Send 4 HAP members to DC	Pendleton				X								
Obj 4.2. Participate in Grantee Conference Calls.	4.2.1 Participate in calls	Pendleton	X		X		X		X		X		X	
Obj 4.3. Collect data on providers, trainers, cycles, and participants.	4.3.1. Collect data on trainers	Eval Team and Alu Like		X										
	4.3.2. Collect data on fidelity			X	X	X	X	X	X	X	X	X	X	X
	4.3.3. Collect baseline data on participants		X	X	X	X	X	X	X	X	X	X	X	X
	4.3.4. Collect follow-up data on participants		X	X	X	X	X	X	X	X	X	X	X	X
Obj 4.4. Collect data on enhanced capacity of HAP members	4.4.1. Collect data from HAP members	Eval Team and Pendleton			X									

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April 6, 2010

TO: REGISTERED OFFERORS

FROM: Noemi Pendleton 
Director
Executive Office on Aging

SUBJECT: ADDENDA TO RFP-10-EOA-SC
SEALED OFFERS FOR AN EVIDENCE-BASED PROGRAMS
SUSTAINABILITY CONSULTANT

The Executive Office on Aging (EOA) received written questions in response to the RFP for an Evidence-Based Programs Sustainability Consultant (RFP-10-EOA-SC).

In accordance with Section 1.5 of the RFP which states, "All written responses shall be issued as an addendum to the RFP and become, thereby, part of the RFP," the Executive Office on Aging is issuing the following questions and corresponding answers hereby known as the addenda to RFP-10-EOA-SC.

Question: Do you have previous years evaluation data?

Answer: Please refer to the power point attached which contains evaluation data.

Question: Can you direct me to previous award proposals?

Answer: The Executive Office on Aging submitted only one (1) grant proposal for the National Council on Aging's (NCOA) Sustainability grant application which was included in the RFP. This has been the only award that EOA received from NCOA.

Question: Have any legislative proposals been drafted and authored in the legislature?

Answer: Please refer to the Hawaii State Legislature website at www.capitol.hawaii.gov for legislative proposals drafted and authored in the legislature.

The information provided and the attached report will serve as an addenda to RFP-10-EOA-SC.

Attachment

CTC/jl

Evidence-Based Programs Effectiveness

Executive Office on Aging

1040 Individuals Served!

787 in Disease Self-Management Programs

- 76 workshops
 - 61 CDSMP
 - 8 ASMP
 - 7 DSMP
- 53 sites
- All islands
- Mean age: 72



253 in EF

- Programs at 8 sites
 - Kaua'i
 - Big Island
- Offering 7 classes (6 sites in Kauai)
- Mean age: 78

Evaluation Areas

- Fidelity monitoring – The extent to which our Hawai`i-based leaders are “true” in their delivery of the program.
- Participant outcomes – The extent to which we are improving the health of our seniors.

Disease Self-Management Programs: Fidelity Protocol

	Session 0	Session 1 to Session 6	6 months follow-up
SP	Distribute Consent Form Questionnaire Assign ID# (a)	Track weekly attendance on Attendance sheet Complete Leader Self-Eval form (b) Complete Leader eval form (c) At Session 6: Distribute Satisfaction	Evaluation team will contact you to remind the follow-up. You will distribute the Questionnaire
P	Complete Consent Form Questionnaire	At Session 6: Complete Satisfaction	Complete Questionnaire
Eval	Will visit your site to get results	Will visit your sites to get results Assess Leader: 1 sessions (1 st or 2 nd session is preferred) will be assessed	Will call or mail participants

- a. If a participant attends the class more than once, make sure he/she uses same ID.
- b. **Leader self-eval form** - complete it after EVERY class in 1st cycle. From 2nd cycle, complete it only at the LAST session
- c. **Leader eval form** – completed by Master trainer/ Evaluator/experienced Lay Leader.

MT/ExpLL: Peer evaluation at EVERY class in 1st cycle.

Eval: complete it only at the FIRST and one additional sessions.

Our Trainers: 2 TTs, 49 CDSMP MTs, 22 ASMP MTs, 24 DSMP MTs, & 90 LLs

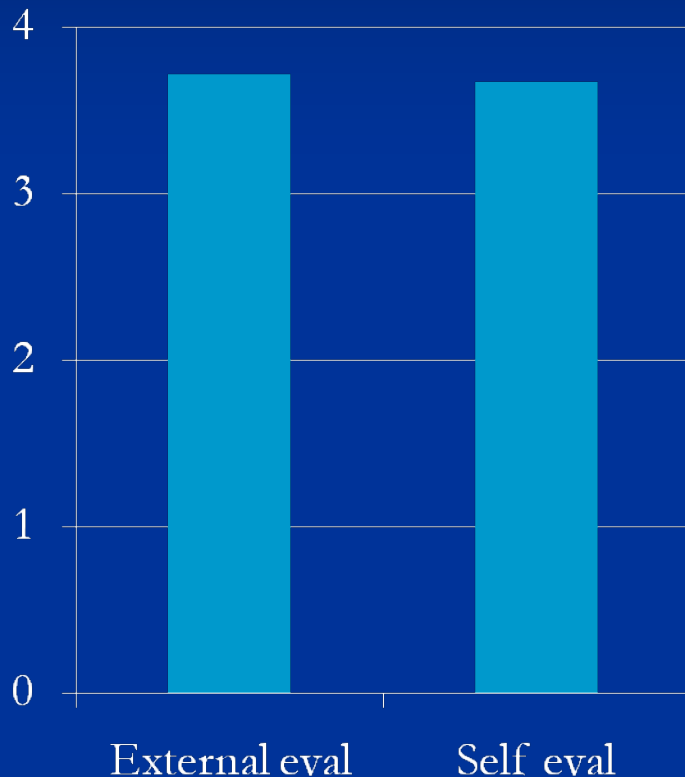


We have Trainers for CDSMP, ASMP, and DSMP

Some are volunteers. Most are already working in senior centers, meal sites, recreation centers, clinics, and adult learning centers.

Disease Self-Management Programs: Fidelity monitoring

CDSMP



Mean of 10 items, scored from
1=poor to 4= excellent.

10 Items

- Arrived on-time & prepared
- Followed manual
- Modeled session activities
- Worked as partner
- Used brainstorming
- Used silence
- Used problem-solving
- Encouraged participation
- Modeled action planning
- Used positive reinforcement
- Handled problem people

External eval = 532 times

Self-eval = 324 times

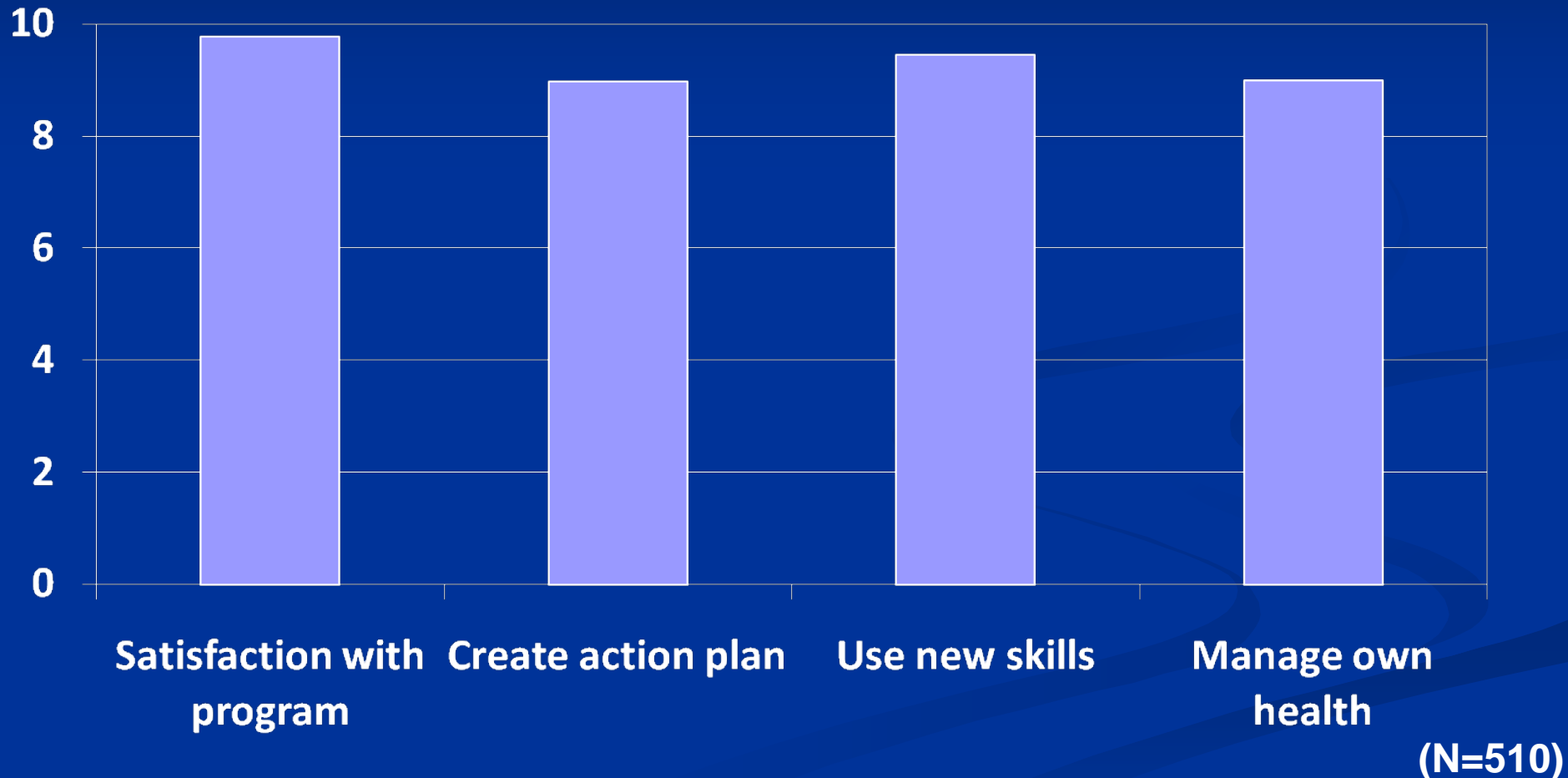
Disease Self-Management Programs

Participants

P	Session 0	At Session 6:	6 Months Later
	Questionnaire (N=730)	Satisfaction Survey (N=510) Dropout (N=134) 83% attended 4+ sessions	Questionnaire (N=352)

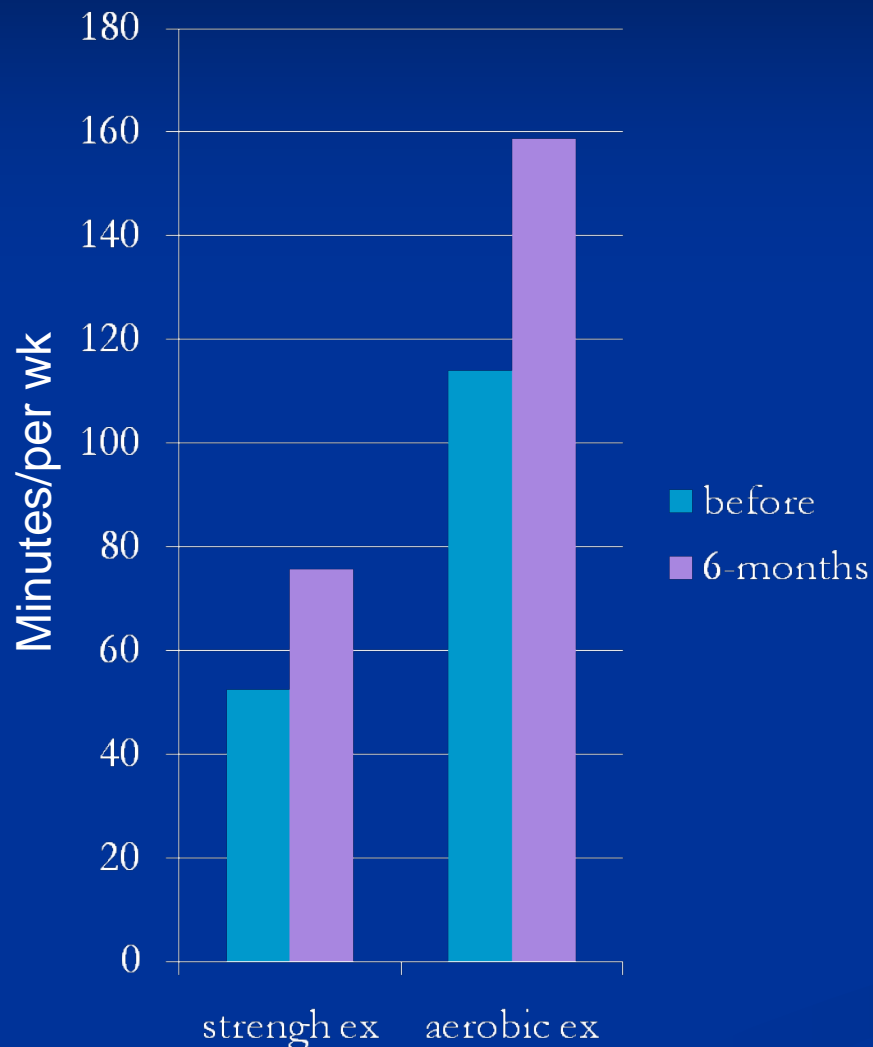
- 76 workshops at 53 sites on all islands
- Characteristics for 730 participants
 - Mean age 72
 - 37% Hawaiian, 27% Filipino, 19% Japanese, 25% White
 - 57% hypertension, 45% arthritis, 29% diabetes

Session 6: Very satisfies & confident

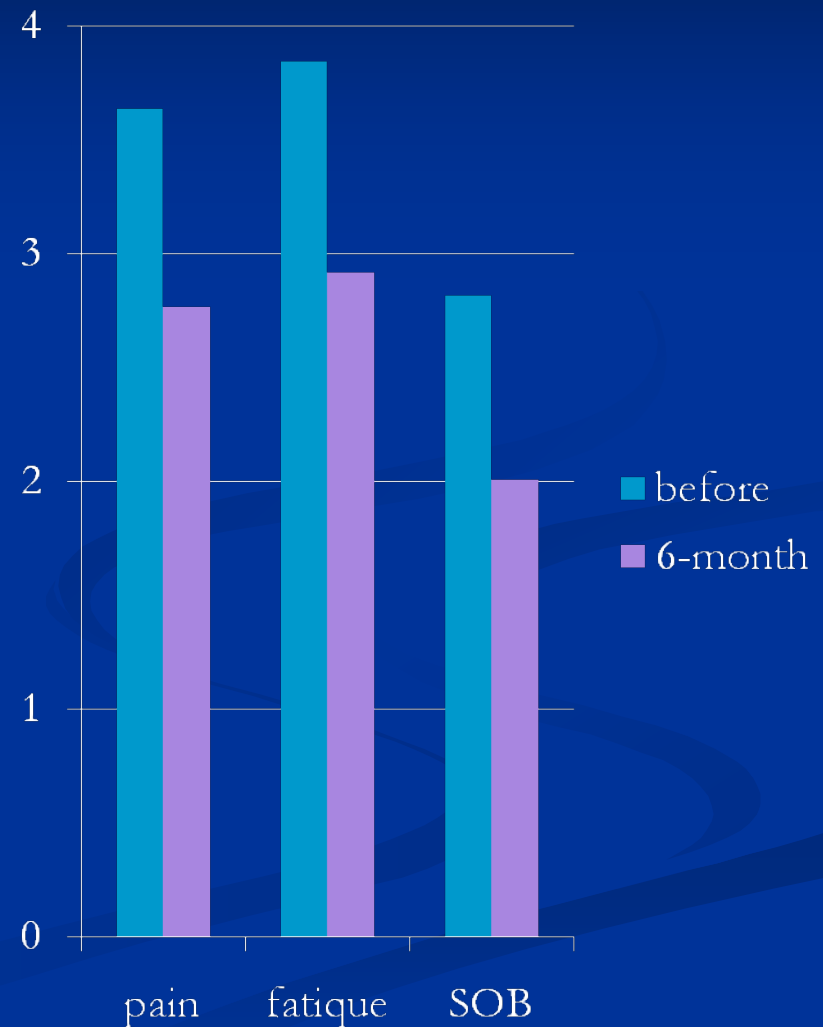


Scores range from 1 to 10, with a higher score indicating more satisfied or more confident

6 months later, reporting more exercise fewer symptoms (n=352)

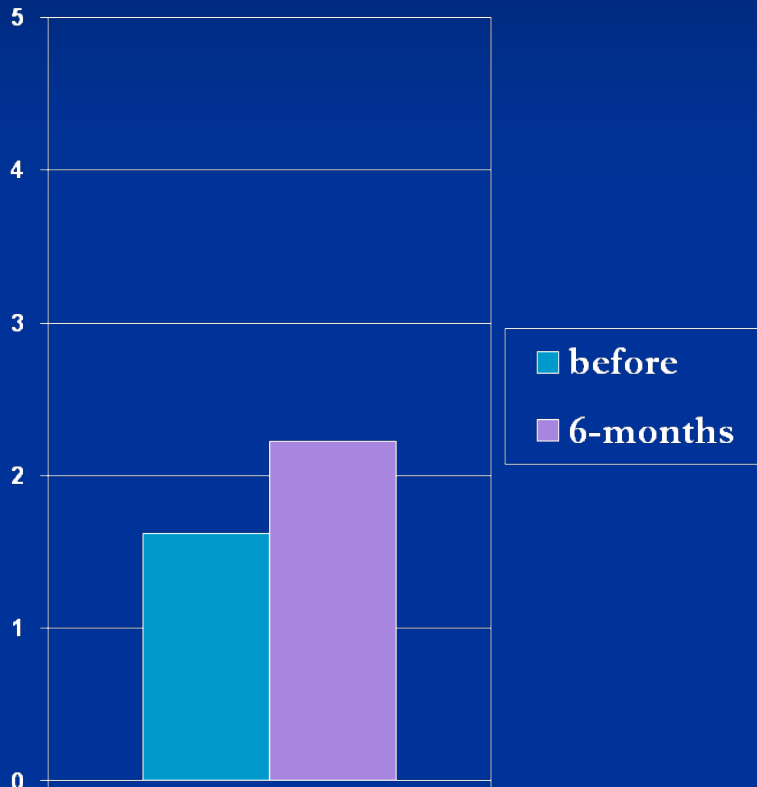


Based on matched t-test (N=156)



Scores range from 1 to 10, with a higher score indicating severe

6 months later, using more skills



Mean score, from 0 to 5, with a higher score indicating more practice of these techniques

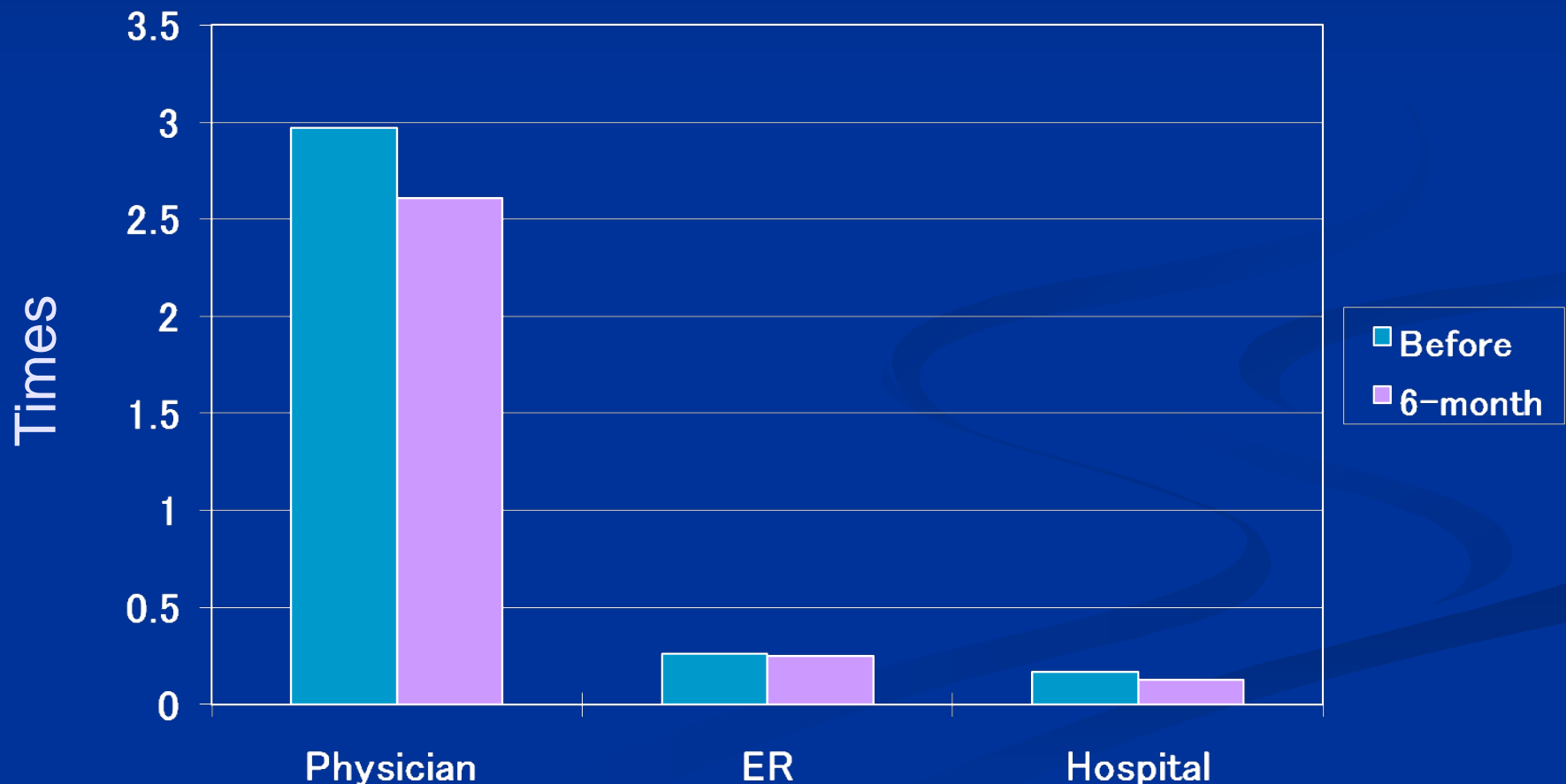
- Try to feel distant from problem
- Don't think of it as discomfort
- Play mental games or sing songs
- Practice progressive muscle relaxation
- Practice visualization
- Talk to yourself in positive ways

Based on matched t-test (N=327)

Disease Self-Management Programs: Change in use of medical services

■ Medical services visits

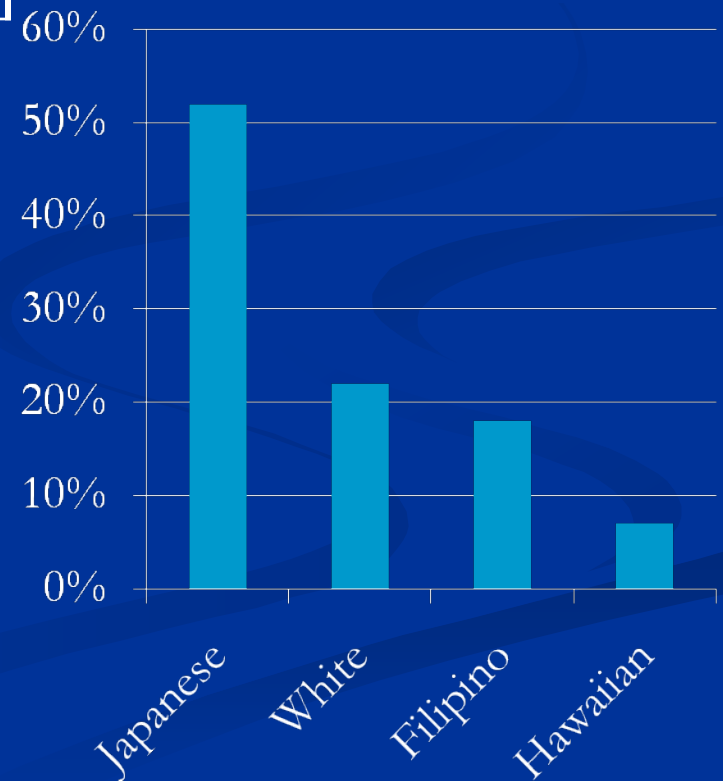
Based on matched t-test (N=352)



EF Participants

	Session 0 Baseline data “Function” tests (N=253)	At Session 16: “Function” tests (N=194)	Annually: Satisfaction Survey (N=257)
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- 2 16-week offered at 2 sites on Big Island
- 41 16-week offering at 6 sites (7 classes) on Kauai
- Characteristics for 253 participants
 - Mean age 78
 - 46% hypertension, 40% arthritis, 24% diabetes



We got training in EF.



Class leaders also are Certified Fitness Instructors.

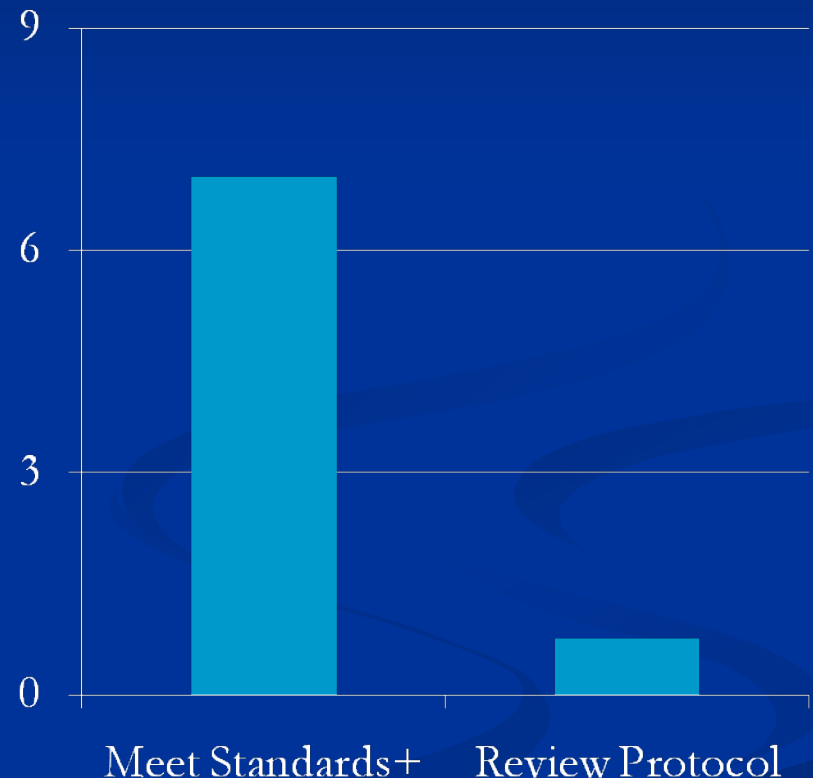
EF Fidelity monitoring

8 DOMAINS evaluated by MT

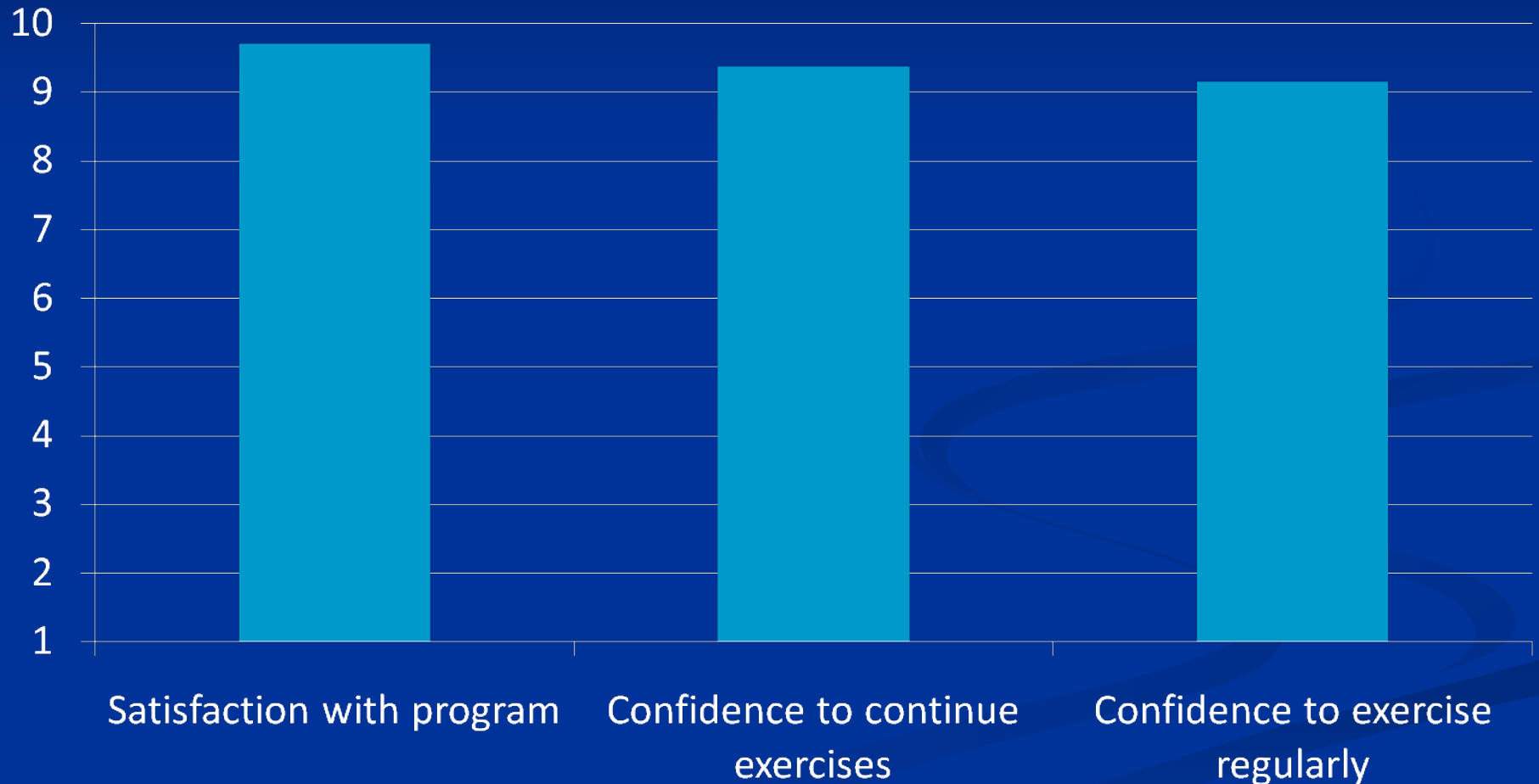
- Record Keeping
- Overall Instruction
- Warm-up
- Aerobics
- Cool-down
- Strength Training
- Balance
- Stretching

CHART: Mean number of domains in which leader met or exceeded requirements.

EF



Annually: Very satisfied & confident



Scores range from 1 to 10, with a higher score indicating more satisfied or more confident (N=257)

EF Impact:

Hawai'i elders in EF reported improvements in strength and reduction of falls

N = 168	% Improvement
Arm curls (# reps)	16% more
Up and go (sec)	12% faster
Chair stand (# stands)	24% more
Minutes spent in physical activity /week	30% more
Falls	38% fewer

